

General Sir John Kotelawala Defence University
Faculty of Graduate Studies
Kandawala Estate
RATMALANA

Telephone : +94 113041447,
+94 112632130
Fax : +94 112632419
Email : ipgskdu@yahoo.com
fgs@kdu.ac.lk

APPLICATION FOR THE RESERVATION OF THE SUITE ROOM - FGS

Name and Address of Applicant: _____

Telephone: _____ Email : _____

Details of Booking

Required Date	Name of Occupants

Number of Suite room

I / We ----- have d received and read a copy of the Terms & Conditions on which the Suite Room is hired and hereby agree to abide by them.

Signature _____

Date _____

Office use only

Total Cost : Rs.....

Recommended/Not Recommended

Approved/Not Approved

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SO I, Faculty of Graduate Studies

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Dean, Faculty of Graduate Studies

Date / /2019

Date / /2020

Any damages to Suite Room

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Duty person of Suite Room