



GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY

SOUTHERN CAMPUS - SOORIYAWEWA

VISITORS TEMPORARY ACCOMMODATION REQUEST FORM

SOUTHERN CAMPUS OFFICERS' MESS

- 01. Name of Appicant :
- 02. Contact Number :
- 03. Faculty :
- 04. Department :
- 05. Name of Visitor :

| S/N | Name | Designation |
|-----|------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

- 06. Contact Number :
- 07. Duration : Fromhrs...../.....2020
To.....hrs...../.....2020

08. Meals requirement (Indicate the required no.)

| S/N | Date | Breakfast | Lunch | Dinner | Extra meals if any |
|-----|------|-----------|-------|--------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I hereby agreed to bear the responsibility for settlement of mess bills and any claim for loss/ damage to Campus property

.....
Date

.....
Signature of Applicant

09. OFFICE USE ONLY

Recommonded / Not Recommended

Approved / Not Approved

.....
SAO / ADJT

.....
Rector

10. Room Number

Married Quarter / Bachelor Quarter

Time to be arranged :

.....
Date

.....
Mess Secretary / Mess Manager