



## INFORMATION OF RESIDENT STUDENTS

OFFICE OF STUDENT ACCOMMODATION

UNIVERSITY OF PERADENIYA

PLEASE AFFIX  
RECENT  
PHOTOGRAPH

35 mm x 45 mm

### STUDENT INFORMATION

NAME WITH INITIALS	
REGISTRATION NUMBER	
NIC NUMBER	
FACULTY	
ETHNICITY	
MOBILE PHONE NUMBER	
E-MAIL ADDRESS	
HOME ADDRESS	

### INFORMATION OF THE PARENT/GUARDIAN

NAME OF THE PARENT/GUARDIAN		
PHONE NUMBERS	MOBILE	
	HOME	
E-MAIL ADDRESS IF ANY		

## EMERGENCY CONTACT INFORMATION

<b>NAME OF THE CONTACT PERSON</b> (Except Parent/Guardian)	
<b>RELATIONSHIP</b>	
<b>MOBILE PHONE NUMBER</b>	

## HEALTH HISTORY

<b>1</b>	<b>Are you a student with a chronic medical condition?</b> (If yes, provide details)	
<b>2</b>	<b>Are you receiving long-term treatment for any other medical condition? If so, specify the details.</b>	

**If you are physically disabled, please state the nature of disability or any medical condition, allergies which may be of concern**

**I hereby declare that the particulars furnished above are true and accurate to the best of my knowledge and belief. Further, I am aware that in the event, the University authorities detect any information furnished by me to be false and incorrect, I will not be eligible for residential facility**

.....

**SIGNATURE OF THE STUDENT**

.....

**DATE**