



<u>APPLICATION FOR PERMISSION FOR EXCURSIONS/TRIPS</u> (ORGANIZED BY THE STUDENTS/STUDENT SOCIETIES/UNIONS)

Important:

The duly filled application should be forwarded to the Deputy Vice-Chancellor through the Student Services Division for approval at least 07 days prior to the date of the event. The letter of approval will be issued by the Student Services Division.

I.....of theof theof the proceed on this excursion/trip, details of which are given below for your perusal please.

01	Place of Visit					
02	Route of journey				Distance (Km)	
03	Route of return journey				Distance (km)	
04	Date of departure			Time of departure		
05	Anticipated time of reaching the destination					
06	Date and time of return to the University					
07	No.of Buses		Vehicle No's			
	No. of Participants			Female		Male
08	(Attach 02 copie	es of the detailed	l list)			
09	Address & other particulars of lodging, if staying overnight					

10. Details of the Applicant

Name :	Department/ Faculty:	
Position:	Hall of residence:	
Registration No:	Mobile:	

By signing this, I take the responsibility of being responsible for this excursion/trip. Any changes in the plans of this excursion/ trip will be duly notified to the Deputy Vice–Chancellor. The organizers will take full responsibility for the discipline and safety of the students participating in this excursion/trip.

.....

Date Email : drsspdn@gmail.com Phone : 0812392431 Signature



11. Details of the Lecturer in charge of the excursion /trip

The Lecturer in charge of the Excursion/Trip should be a permanent member attached to the University of Peradeniya)

Name:	
Department/Faculty:	
Mobile No:	

I hereby declare that I will accompany the group and take responsibility of the participants and the properties.

.....

Date

Signature

12. Details of the lady lecturer in charge of the excursion /trip

(The Lecturer should be a permanent member attached to the University of Peradeniya)

Name:	
Department/Faculty:	
Mobile No:	

I hereby declare that I will accompany the group and take the responsibility of the participants and the properties.

Date

Signature

13. If organized by a registered Students' Society/Union

The above excursion/trip is recom	mended /not recommended as it	is within the	objectives of the
Society/Union			
Name:			
Department/Faculty:			
Telephone No:			
Signature of the Senior Treasurer		Date	

The above excursion/ trip is recommended and forwarded for approval. *Obtain the recommendation based on the event*



Recommendation of the Chief Marshal Recommendation is provided/ not provided for the above excursion / trip.				
Date		Chief Marshal		
If a Faculty event		If University Common event		
Dean		Proctor		
ate /		Date /		
ecommendation of the Student Services	Divisior	1		
Date:		 Senior Assistant Registrar / Assistant Registrar		
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pproval of the Deputy Vice-Chancellor				
The above excursion / trip is appr	roved			

Deputy Vice-Chancellor