

HECTOR KOBBEKADUWA AGRARIAN RESEARCH AND TRAINING INSTITUTE

APPLICATION FOR RESERVATION OF RESIDENTIAL ACCOMMODATION

1. **Name of Applicant :**
- Address :**
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2. **Title of programme in connection with which residential accommodation is requested.**
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3. **Residential accommodation requested :**

Sharing accommodation (two in a double room)		Single room Accommodation		Intended checking in		Intended checking out	
No. of persons		No. of persons		Time	Date	Time	Date
Foreign	Local	Foreign	Local				

4. **Name/s and National Identity card number/s of residents:**
(Please attach the list)
5. **Are there any foreign nationals among participants? If so, has clearance been obtained from the Ministry of Foreign Affairs. (Please attach a photocopy of letter of clearance)**
6. **Name/s of officer/s who would be responsible for the observance of the terms and conditions.**
- i.
- ii.

7. Name and telephone number of the officer who would be contacted in connected with this reservation.

Name : Tel. No.

8. Are funds for meeting accommodation charge :

- | | | |
|---|-----|----|
| (a) Entirely from foreign/ international sources | Yes | No |
| (b) Entirely from local funds | Yes | No |
| (c) Partly supplemented by foreign/ international funds | Yes | No |

(If the accommodation charges of foreign personnel are met by a State Organization entirely out its funds, documentary evidence must be furnished in proof in order to qualify for the concession. If not, the charges will be at the higher rate.)

I have received a copy of the terms and conditions on which residential accommodation is hired and I agree to ensure that they would be complied with by the residents.

Name : Signature :

Designation :

Date :

For office use.