

HECTOR KOBBEKADUWA AGRARIAN RESEARCH AND TRAINING INSTITUTE

APPLICATION FOR RESERVATION OF RESIDENTIAL ACCOMMODATION

- 1. **Name of the Applicant** :.....
(Mr./ Mrs./ Miss) / **Organization**
- 2. **Designation** :.....
- 3. **Official Address** :.....
- 4. **Private Address** :.....
- 5. **NIC No.** :.....
- 6. **Telephone No.** :..... **Fax :** **E-mail :**

- **Title of programme in connection with which residential accommodation is requested.**
.....
.....

7. 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				

- **Name/s and National Identity card number/s of residents:(Please attach the list)**
- **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)**
- **Name/s of officer/s who would be responsible for the observance of the terms and conditions.**
i. ii.

- **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 obtained

- | | | |
|---|-----|----|
| • Entirely from foreign/ international sources | Yes | No |
| • Entirely from local funds | Yes | No |
| • 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 of the payer:..... Signature:
(Individual / Institute / Organization)

Designation:

Date :

For office use only