

Institute of Post-Harvest Technology – Anuradhapura
Hostel Accommodation
Application Form

01. Name of Applicant :-..... ID No :-.....

02. Address :-

I. Private:-.....

ii. Office:-.....

03. Telephone No:-

04. Ministry / Department / Board or Cooperative:-.....
.....

05. No of Rooms Required:-

06. Rooms Normal or special:-

Normal Rooms (2 Bed/3 Bed)	Special Rooms (Air conditioned)

07. Rooms required Date or Dates:-

20 /...../.....From.....up to

I/We obligate to obey the rules & regulation and disciplines of hostel imposed by IPHT, when using hostel facilities.

Date:-.....

.....
Applicant Signature

Fax to : 025 2220149