APPLICATION FOR GOVERNMENT QUARTERS IN COLOMBO (CHAPTER XIX OF THE ESTABLISHMENT CODE)

Ministry/Dept.:

No.:

(for office use only)

1. i. Name	With Initials														
ii. Nam	e in Full														
2. Date of	Birth	Y			M D										
3. Nationa	ll ID No.														
4. Perman															
		Postal Code													
5.i. Place o	of Employment														
ii. Addre	SS														
ii. Present	t Post														
iii. Service	e/Grade														
iv. Distand Resider	ce from nce (Km)														
6. Are you	ı married							Yes]]		
 7. Do you , your spouse or dependent children own s house within 20km radius of your place of employment Yes No 															
8. Have yo	u obtain a housi	ng/pr	opert	y loa	an?			Yes]			No]
If 1. Date Yes											Y	7		Μ	D
	2. Address of t	he H	ouse/	Proj	perty								1		
9. Are you entitled to Department/Scheduled Quarters? Yes No															

If yes, why are you applying for Government Qua	urters?						
10. Do you belong to a transferable service	Yes	No 🗌					
11. i. Date of Appointment to Public Serviceii. Date of Appointment to Staff Gradeiii. Date of Transfer to Colombo	Y	M	D				
12. i. Present Annual Salary : ii. Salary Scale iii. Increment Date							
13. Number of dependent Children you have ?							
14. Telephone No: Office:	Residence :						

I declare that the particulars furnished above and I am liable for disciplinary action for making false declaration.

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Signature & Date

Recommendation

I have compared the above information with the officer personal file and the annual declaration of assets certify correct

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Head of Department

For Office Use

> Signature Officer-in-Charge of quarters

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Date :