

THE OPEN UNIVERSITY OF SRI LANKA

**APPLICATION FOR DESTRUCTION OF
NON - CONFIDENTIAL PAPERS (Faculties)**

- 1) Name of the Department: -
- 2) Name of the Faculty : -
- 3) Name and Designation of the Contact Person: -
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- 4) Contact No.: -
- 5) Details of the documents:

No.	Subject	Period covered	Weight (Kg) (Approximately)	Remarks

I certify that the above documents are valueless and recommended to dispose.

.....
Head of the Department with Official stamp

.....
Dean of the Faculty with Official stamp

I certify that procedure stated under section 12.1 of chapter XX of University Establishment Code was followed to dispose the non-confidential & valueless documents mentioned above.

Recommended to dispose.

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Assistant Registrar of the Faculty
with Official stamp

.....
Date

Senior Assistant Registrar / General Administration

Approved / Not Approved, to dispose above mentioned documents.

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Registrar

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Date

Subject Clerk

For necessary action to make arrangements to dispose the above documents.

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Assistant Registrar/ General Administration

Date and time of Destruction:

Total Weight:

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Subject Clerk