

THE OPEN UNIVERSITY OF SRI LANKA

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

- 1) Name of the Department: -
- 2) Name of the Faculty : -
- 3) Name and Designation of the Contact Person: -
.....
- 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 Division with Official stamp

.....

Date

Senior Assistant Registrar / General Administration

Approved / Not Approved, to dispose above mentioned documents.

.....

Registrar

.....

Date

Subject Clerk

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

.....

Senior Assistant Registrar / General Administration

Date and time of Destruction:
Total Weight:
.....
Subject Clerk