

Controller General of Immigration and Emigration,  
Department of Immigration and Emigration,  
“Suhurupaya”, Sri Subhuthipura Road,  
Battaramulla.

**RECOMMENDATION FOR THE ISSUANCE/ EXTENTION OF STUDENT CATEGORY  
RESIDENCE VISA**

**Personal Details of the Student**

Name in full: .....

.....

Nationality: ..... Passport Number: .....

Date of birth: ..... Gender: .....

Address in Sri Lanka: .....

.....

.....

Telephone No: ..... e-mail: .....

**Details of Guardian / Dependents**

Name	Passport No:	Nationality

**Details of Course of study**

Name of the school / Institution /University: .....

Name of the course /Discipline of study: .....

Student Registration Number: .....

Duration of the course:                      from: ..... to .....

Date of commencement of the course:

Schedule of the course:                      Number of lecture hours per day: .....

Number of lecture days per Week: .....

**Only Applicable for the Extension of residence visa Applicants**

1. Performance in the last year: .....  
(Please attach the certified copy of the performance sheet issued by the institute)
2. Percentage of the attendance during last year/ semester is .....%

**Certification of the responsible officer of the institute**

1. Further issuance /extension of residence visa for the above applicant is recommended / not recommended for the period of .....
2. And I thoroughly agree for the conditions stipulated with regard to above' student(s) and I solemn declare that the above information furnished above by me is true and correct to the best of my knowledge and I aware that furnishing incorrect or false information and/ or deliberately offers false information instead, may become liable for prosecution.

**Date:** .....

**Signature of the Officer with official stamp**