

APPLICATION FOR RECOMMENDATION OF ISSUING / EXTENTION OF RESIDENCE VISA

(Studentship is granted ONLY for the purpose of studying and NOT for any other)

(Particulars should be furnished by the applicant)

01. Name of Applicant:

02. Nationality:

03. Gender:

04. Address in domicile County:

05. Address in Sri Lanka:

06. Contact details:

i. Telephone Number:

ii. Mobile Number:

iii. E-mail:

07. Details of Passport:

i. Passport Number:

ii. County of Issue:

iii. Date of Issue:

iv. Date of expiry:

08. Date of Arrived in Sri Lanka:

09. IF Sponsored by an Agency:

i. Name and address of the Agency:

10. Details of course of study:

- i. Name of the University / Institute:
- ii. Name of the course of study /discipline:
- iii. Student Registration Number:
- iv. Purpose of Issuing /Extension of visa:
- v. Duration of the course study:

11. Details of existing Residence visa:

- i. State when initially RV was granted:
- ii. Date of Expiry of Residence Visa:
- iii. Residence visa Number:
- iv. Requested period of Residence visa:

12. If issuing / an Extension of visa is requested for the family please give details:

Name	passport No	Age	Relationship
1.
2.
3.
4.

I certify that the above particulars are true and correct.

Date:

Signature of the Applicant

13. Mandatory details on course of study/ Training program

- i. Name of the course of study/ Training program:
- ii. Duration of the course study / Training program:
- iii. I. student registration Number and other relevant details:
- II. state whether full time or part time basis:

III. Number of days the lecture to be attended in a week:

IV. Number of lecture hours per day:

iv. If the student is studying concurrently in your institutions state:

I. Date of enrolment:

II. Progress shown in studies /Training program during last visa issued period:

III. Percentage of attendance during last visa issued period:

14. Recommendation of the University / Institute:

The application for the issuing /extension of residence visa from: to Of Rev. /Mr. /Mrs. and his/ her family is/ are recommended / not recommended and forwarded subject to agreeing to following conditions.

1. Any misconduct or violation of visa regulations of the student should be borne by the concerned educational Institute / Organization;
2. Concerned educational institute should bear the costs inducing for the repatriation of above student;

I thoroughly agree for the conditions stipulated with regard to an above student(s)

Date:

Signature of the designated officer

(Affix the official Stamp)

N.B. please fill followings if applicable only

15. Recommendation of the vice chancellor

The Application for the issuing/ extension of residence visa from to of Rev./Prof. /Dr./ Mr./Mrs. and his/ her family is/are recommended / not recommended and forwarded.

Date:

Signature of the Vice Chancellor

(Affix the Official Stamp)

15.2. Recommendation of the secretary to the ministry of Higher Education

My No:

Controller General of Immigration and Emigration,

The applicant for the issuing /extension of residence visa from to
of Rev. /Prof. /Dr. /Mr. /Mrs.and
his/her family is/are recommended/ not recommended and forwarded.

Date:

Secretary –Ministry of Higher Education

(Affix the Official Stamp)