<u>PERSONAL PARTICULAR FORM FOR THE SECURITY CLEARANCE FOR VISA ISSUANCE OF</u> <u>STUDENTS/ EMPLOYEES/ MEDICAL/ SPOUS</u>E (Please select relevant visa category)

(PLEASE USE BLOCK CAPITAL LETTERS)

1.Family name:-									
2. First name:-							Passport Size Photograph to be		
3. Middle name:-							attached (front		
4. Maiden name, if any:	-						appearance 3.5cm x 4.5cm)		
5. Date of Birth:-			6. Pla	ace of Birth:-					
7. Nationality at Birth:-			8. Re	ligion:-		9. Blood	l Group:-		
10. Present Nationality:	-		•	11. Sex	:-				
12. Permanent Address	and			s (if different	14. O	ffice Telep	phone No:-		
Telephone No.		from) and	from) and Telephone /Fax No:- Office				e Fax No:-		
Home:-					E-ma	il:-			
Mobile:-									
E-mail:-									
15. Passport Number:-		16. Type o	f Passpo	ort:-	17. P	revious Pa	revious Passport Numbers:-		
Facebook:- Viber:- WhatsApp:- Imo:- Twitter:- Instagram:- Other:-									
19. Marital status : S	ingle	Married		Separated	Wido	w(er)	Divorced		
20. Spouse									
Full Name Da		of Birth	Passport No.		Nation	ality	Current Address		
21. Children									
Full Name	Date	of Birth	Pass	port No.	Nation	ality	Current Address		

22. Details of the Next	of Kin				
a. Name :-					
b. Permanent address:-					
c. Telephone No:-					
d. Fax No:-					
e. E-mail:-					
23. Details Of Parents.					
Relationship	Name	Address	Passport No	Na	tionality
24. Have you taken up If "YES", which coun	legal permanent residen	ce status in any country	other than that of yo	our nationality	? YES/NO
ii ies , which couli	try of countries?				
25. Type of academic p	programme to be followed	ed by you / Type of worl	ζ.		
a. Name of the Course	/ Programme/ Occupation	on:-			
b. Duration of the Cour From:	rse/Programme/Occupat	ion:- To:-			
25.1. Details of the Acc					
a. Name of the Institut	te:-				
b. Address:-					
c. Scope of the Institut	ion:-				
d. Registered No:-					
e. Contact details of the					
Telephone No:- E mail:-		x No:-			
		eb:-	D 1:	XX	G 1:
26. Language Proficien			Reading	Writing	Speaking
	Language				
27. If the purpose is related fulfill this purpose:-	lated to lecturing / worki	ng/volunteering explain	the suitability and o	 qualification of	yourself to
28. Account Details					
Name of the Bank	Country	Type of Account	Account Number	er Dat	e opened
			1	<u> </u>	

29. Details of stay in Sri La	nka					
a. Period for Visa app	lied- Fro	om:-		То:-		
b. Main Sponsor's (Sta	ate Universi	ty)				
Name of the University:-						
Name of the Faculty:-						
Name of the Vice Chancelle	or:-					
Address:-						
Contact Numbers:-						
E mail/Web Addresses:-						
c. Main Sponsor's (No	on-State Inst	itute				
Name of the Institute:-						
Name of the Course:-						
Name of the Vice Chairman	1:-					
Address:-						
Contact Numbers:-						
E mail/Web Addresses:-						
30 . Co-Sponsor Details (If a	available)					
Full Name	PP No (ID Card N	lo)	Current Address & E ma	ıil	Telephone No;	Occupation
31. Additional Accommoda	ntion Places	during :	your stay in Sri Lanka.			
Place			Full Address	Telephone No		lephone No

Name		Address		Passpor	t Relationship	
. Hava way visitad C	ui I aulta muarria	analy (amayida dataila)				
•		ously (provide details)	Pla	aces visited /	D 0 1 11	
Duration	<u> </u>	PP No. Addi		resses of stayed	Purpose of visit	
4.Countries you have	visited during	last 07 years. If you need	l more spa	ce attach additional	pages.	
Country			Dura	ation		
	Date	Period of Stay		Purpose of the visit		
Employment Recor ou need more space at	_	with your present post, list page.	st in revers	se order every emple	oyment you have had. If	
Designation			Duration		Country	
		From		То		
6. Have you ever beer	arrested, Indi	cated of convicted in a cr	riminal tria	al (Excluding traffi	c offences) (If "Yes"	
rovide details)						
7 4 11:4: 1:6	4: 1:1 4	.11				
7. Additional informa	tion you like to	provide in this application	on.			
est of my knowledge	and belief. In c	by me in answer to the forase of any information is y be held criminally liable	found to			