

**APPLICATION FOR RECOMMENDATION OF
ISSUING/EXTENSION 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 country :.

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. Country 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 of 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 of 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 Applicant

VII. Reasons for issuing / an extension of Residence visa : **For Postgraduate Studies**

VIII. Validity Period of Registration University / Institution

From 19/02/2021

To 18/02/2022

The application for the issuing / extension of Residence Visa from _____ to _____ of _____ is recommended and forwarded.

We shall bear any cost that may incur for repatriation this student.

Date:

Signature of the Designated Officer

(Affix the Official Stamp)

13.1 Recommendation of the Vice chancellor/ Director

The application for the issuing / extension of Residence Visa from _____ to _____ of _____ is recommended and forwarded

Date:

Signature of the Director

(Affix the Official Stamp)

13.2 Recommendation of the Secretary of Ministry of Higher Education

My No

Controller General of Immigration & Emigration.

The application for the issuing /extension of residence Visa FromTo.....

Of Rev./Prof /Dr. Mr./Mrs.....and his/her family is recommended / not recommended and forwarded.

Date:

Secretary- Ministry of Higher Education

(Affix the Official Stamp)