# APPLICATION FOR RECOMMENDATION OF ISSUING/EXTENSION OF RESIDENCE VISA

### Section A: Personnel Details of the Principal Applicant

.2. Pre	ferred Tit	le: Rev./	Mr./Ms.		
.3. Ger	nder: Ma	le/Female			
.4. Nat	ionality:				
.5. Det	ails of Pa	ssport:			
Pa	ssport N	0	Country	Date of Issue	Date of Expiry
			assport (Yes/No)		
Pa	assport N	0	Country	Date of Issue	Date of Expiry
l <b>.7.</b> Cor	ntact detai	lls:			
1.7.	l.Residen	t address in	the country of domic	ile	
	Address	·			
	Telepho	ne Number:		•••••	
	Mobile	Number:			
	E-mail:				
1.7.2	2.Residen	t address in	Sri Lanka:		
	Address	:			
	Telepho	ne Number:			
	Mobile	Number:			
	of Depen	dent(s)			
Details (					
Details (				T	D 1 4: 1:
Details (	Title	Name		Passport No	Relationship

### **Section B: Academic Information**

3.0 Deta	ail of Program	me:
	3.1 Name of the	ne University / Institute:
	3.2 If Student	
	3.2.1	Level of Study Program: Undergraduate/Postgraduate
	3.2.2	Student Registration Number:
	3.2.3	Name of the Study Program/discipline:
	3.2.4	Duration of the Study Program:
	3.3 If Research	ı Fellow
	3.3.1	Name of the Project/Research:
	3.3.2	Duration of the Project/Research:
	3.4 If Academ	ia
	3.4.1	Name of the Joined Faculty/Department:
	3.4.2	Name of the Joined Course/Programme:
	3.4.3	Duration of the Course/Programme:
	3.4.4	Status of Appointment: Volunteer/Paid
	3.4.5	If Paid Basis, Period of Work approved by the Secretary MOHE:
	3.5 Name of the	ne Coordinator:
	3.5.1	Contact No:
	3.5.2	Email:
	3.6 Name and	address of the Agency (If Sponsored by an Agency):
Section	C: Visa Infor	mation
6.0 Visa	Information	(If Issuing visa)
	6.1 Date of arr	ival in Sri Lanka:
1	6.2 Requested	Period of Residence visa:
7.0 Exis	sting Visa Info	ormation (If Extension of current visa)
	0	piry of Residence Visa:
		Period of Residence visa:

## **8.0 Visa Information for Dependent(s)**

S/NO	Title	Name	Passport	Arrived Date/Visa	Requested
			No	Expiry Date	Period

I hereby declare that the information given in this applic	ation is true and correct.
Signature of Applicant	Date:

### **Section D: Recommandations**

Recommend	dations t	by the University/Instit	tute			
		the issuing/extension				of
Rev/Mr/Ms.	•••••	•••••	is recom	mended/not recommen	ided and forwarded.	
(for Depende	ent)					
The applicat	ion for t	he issuing/extension of	a residence visa from	to	fo	or
the followin	ig depen	dent(s) of Mr./Ms.			is/are recommend/ne	ot
recommende	ed and fo	rwarded.				
	T .	T				7
S/NO	Title	Name	Passport	Arrived Date/Visa	Requested	
			No	Expiry Date	Period	
						-
						-
Signature o		hancellor		te:		
(Affix the O	official S	tamp)				
Recommend	dations l	oy UGC (only for state	universities)			-
(for Principle	e Applica	ant)				
The applica	tion for	the issuing/extension	of Residence visa fr	om1	to	of
Rev/Mr./Ms				is recommended/	not recommended an	d
forwarded.						
(for Depende	ent)					
The applicat	ion for tl	ne issuing /extension of	a Residence visa from	to	fc	or
the following	ng deper	ndent(s) of Mr./Ms.		is/	are recommended/no	ot
recommende	ed and fo	rwarded.				

gnature o	of the Cha	airman, UGC (Affix th	ne Official Stamp)	Date:	•••••
pproval b	y line Mi	nistry			
or Principl	e Applica	ant)			
		•	of Residence visa from		
			is recommended.	not recommended and	101 11 41 40 41
or Depend	ent)				
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or Dependence applicate applicate applicate applicate application and application applications applications application applic	ent) tion for th ependent(	e issuing/extension of a	Residence visa from	to is/are recommended/i	not recommende

Passport

No

Arrived Date/Visa

**Expiry Date** 

Requested

Period

S/NO Title Name