

Application for consideration of the Recommendation of Resident Visa

(To be used for the purpose of internal arrangement within the Ministry of Health)

1. Name of the Applicant (*as appearing in the passport*):-
2. Nationality: -
3. Passport No:- Place of issue:- Date of Expiry:-
(*Copy attached*)
4. Name of the Foreign Company: - Address of Company:-
Contact details:-
Certificate of Registration from the Drug Regulatory Authority of the country
5. Name of the Local agent: - Address:-.....Contact Details:-.....
(Market Authorization holder in Sri Lanka)
(*Valid Registration Certificate and the letter confirming the registration from NMRA attached.*)
6. Board of Directors(The Article of Association/the Company Registration):-
7. Length of stay / Duration required :-.....
8. Designation: -
9. Job description: -
(*Including the duties at Sri Lankan work place. The certificates by Local Agent to the effect that this person's services are essential to maintain the company be attached.*)
10. Professional Qualification: -
(*Certified Copy attached - please see the note - 01*)
11. Type of visa required: -
12. Family Details (Dependents wife/spouse, Children name/ School:-

	Name	Age	
Spouse			
Children	Name	Age	Schooling

(*The copies of marriage certificate and Birth Certificates attached if planned to accompany them.*)

13. The mode of payment of Salaries: -
(*By the Foreign Company or Sri Lankan Agent*)

14. The Embassy's of the relevant county endorsement is attached

Yes	No
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Note:

01. Relevant Council/ Authority of the country of origin should certify the professional qualification
02. The recommended visa shall be used only for the stated purpose and cannot be misused.
03. If the applicant violates the conditions of visa, actions will be taken to revoke the visa by the relevant authorities.

I decided that the particulars furnished above are true and accurate to the best of my knowledge and I am aware that the Secretary, Ministry of Health has the sole authority and discretion to recommend the visas or to reject the same.

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Signature of Applicant

Date :

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Signature of the Managing Director Local Company

with seal