

TO BE FILLED BY INVESTORS ONLY

AMOUNT YOU INTEND TO REMIT
FOR INVESTMENT

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FOR LIVING EXPENSES (PER MONTH)

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NATURE OF PROPOSED INVESTMENT TO BE FINANCED (Please annex details)

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NAME, ADDRESS AND TELEPHONE NUMBER OF THE LOCAL COLLABORATOR (IF ANY)

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TO BE FILLED BY PROFESSIONALS ONLY

NATURE OF PROPOSED SERVICE/CONTRIBUTION TO SRI LANKA

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COMPETENCE IN THE SPECIFIC AREA (Please annex details)

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AMOUNT INTENDED TO REMIT FOR LIVING EXPENSES (PER MONTH)

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| <p>3.5 X 4.5 cm Photograph</p> | <p>Important</p> | <p>This form shall be submitted in quadruplicate (4) and mailed directly or through an agent in Sri Lanka to the Implementing Agency with the following supporting documents.</p> |
| | | <ul style="list-style-type: none"> a. Birth Certificate/s, Photocopy/ Photocopies of Passport/ Travel Document of the applicant, spouse and dependants containing particulars of identity. b. Marriage Certificate (if applicable) |
| | | <p>The Implementing Agency reserves the right to approve or reject any application after verifying the information and documents supplied.</p> |
| | | <ul style="list-style-type: none"> c. Medical Certificate. |

I certify that the information supplied by me is to the best of my knowledge true as at the date of application.

.....
Signature of applicant

Date :

Place:

DEPARTMENT OF IMMIGRATION AND EMIGRATION

RESIDENT GUEST SCHEME

MEDICAL CERTIFICATE

| FOR OFFICE USE | | | | | | | | | | |
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| APPLICATION NO. | | | | | | | | | | |
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NAME OF THE APPLICANT

FAMILY NAME

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OTHER NAMES

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AGE

SEX

MALE

FEMALE

PASSPORT NO

DATE ISSUED

Day

Month

Year

PLACE ISSUED

| | | | | | | | | | | | | | | | | | | | |
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My examination was specifically made for evidence of any of the following conditions:

CLASS 'A'

1. Dangerous / contagious diseases
- A. Leprosy (infectious)
 - B. Gonorrhoea
 - C. Granuloma inguinale
 - D. Lymphogranuloma venereum
 - E. Syphilis
 - F. Chancroid
 - G. Tuberculosis
 - H. Acquired Immunity Deficiency Syndrome (AIDS)

11. Mental conditions
- A. Mental deficiency
 - B. Insanity
 - C. Psychopathic personality
 - D. Chronic alcoholism
 - E. Sexual deviation
 - F. Mental defect
 - G. Narcotic drug addiction

CLASS 'B'

Physical defect, disease or disability serious in degree or permanent in nature amounting to:

1. Substantial departure from normal physical well-being.
2. Inability to function or move around without assistance.

CLASS 'C'

Minor conditions (as diagnosed)

My findings are as follows: (check no. 1 or complete no. 2)

1. No. defect, disease or disability
2. Defect, disease or disability as follows (Give Class A,B or C, diagnosis and pertinent details. Use a separate sheet, duly signed, if necessary):

5 x 5 c.m.
Photograph

DATE & PLACE OF EXAMINATION

NAME OF EXAMINING PHYSICIAN & ADDRESS OF CLINIC/HOSPITAL

Date

SIGNATURE

