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| --- | --- | --- | --- | --- |
| **Personal Information** | | | | |
| First Name | |  | | |
| Last Name | |  | | |
| Address(to which correspondence should be sent) | |  | | |
| Gender | | Choose an item. | | |
| Date of Birth | | Click here to enter a date. | | |
| Mobile No | |  | **e- mail** |  |
| Current Nationality(as stated in the passport) | |  | | |
| Passport Number | |  | | |
| Add Your photo | |  | | |
|  | | | | |
| **University/School/Education** | | | | |
| Full Name of the School/ University of Medicine | |  | | |
| Address | |  | | |
| Telephone No | |  | **Fax(If available)** |  |
| Name of current course | |  | | |
| Year of Admission | |  | | |
| Expected Date of Graduation | | Click here to enter a date. | **Dean’s Letter** |  |
| Previous Higher Educational Qualifications | |  | | |
|  | |  | | |
|  | | | | |
| **Other** | | | | |
| * Are you studying in a country other than your own? Choose an item. | | | | |
| * I hereby declare that I have no criminal convictions. Choose an item. | | | | |
| * I hereby declare that the information furnished by me is accurate Choose an item. | | | | |
| * I hereby declare that it will be my responsibility to get my passport stamped   with Sri Lankan Student Entry visa from the respective Sri Lankan High Choose an item.  Commission after I am notified that my elective has been approved by the  Sri Lankan Department of Immigration and Emigration. | | | | |
| * I hereby declare that I understand that the student entry visa is valid for 4 Choose an item.   weeks only. | | | | |
| * I hereby declare that I am willing to pay the required money (approximately Choose an item.   200 USD) to the Department of Immigration & Emigration if I request extension  my student visa. | | | | |
| * I hereby declare that I accept I am not eligible for a refund of elective fee if I Choose an item.   request cancellation of elective later than 2 weeks of my elective date. | | | | |
| * I hereby accept the 20 USD paid by me as a processing fee is not refundable. Choose an item. | | | | |
| * I also understand the process of refunding will take over 3 months time. Choose an item. | | | | |
| * I hereby declare that I will bear all my expenses. Choose an item. | | | | |
| * I hereby declare that I will be arranging my accommodation. Choose an item. | | | | |
| * I hereby declare that I understand that my application will not be processed if Choose an item.   I do not respond in time for future communications related to this matter. | | | | |
|  | | | | |
| Submission data | | | | |
| Elective No:01 | Duration : None From: Click here to enter a date. To: Click here to enter a date. | | | |
| Special areas  of interest |  | | | |
| Elective No:02 | Duration : None From: Click here to enter a date. To: Click here to enter a date. | | | |
| Special areas  of interest |  | | | |
| Elective No:03 | Duration : None From: Click here to enter a date. To: Click here to enter a date. | | | |
| Special areas of interest |  | | | |
| Address, telephone and fax number of the Sri Lankan High Commission where you need to submit your passport to stamp the Sri Lankan Student Entry visa If your elective is approved: Click here to enter text. | | | | |