# **Application Form for Extension of the Period of Work Permits**

#### Part 01

### (To be filled by the applicant)

1.	Full Name of the applicant	:	
2.	Name with initials	:	
3.	Name of the Organization	:	
4.	Registration No. of the Organization:		
5.	Expiry Date of the Existing Work Permi	t:	
6.	Name and Passport Number of the Dependents	;Name 1. 2. 3. 4. 5.	Passport No.
	Address  I. permanent Address in Sri Lanka:  II. Permanent Address in Overseas:  Telephone (Sri Lanka):	:	
9.	Nationality	:	
	i. 1.Date of Issue: ii. 2.Date of Expiry: iii. 3.County of Issue: . Visa Details	:	
	<ul> <li>i. 1.Type of Visa :</li> <li>ii. 2.Date of Issue :</li> <li>iii. 3.Date of Expiry :</li> <li>Designation in the Organization :</li> <li>:</li> <li>Nature of the Duties</li> </ul>	:	

14. Academic and Professional Qualifications:	Qualification	Institute	Year
(Please provide copies of certificates) 1.			
	2.		
	3.		
	4.		

15. Have you ever been found guilty for any offence while in Sri Lanka or overseas by any Authority?

(Police or Defence clearance certificate issued by the country of origin should be attached to this application. If there is no system to provide such certificate by the country of origin a letter from the authorities of the country of origin confirming the inability to fulfill the requirement should be forwarded.)

I certify that the details given above are true and correct and I am aware that if any of the information given in this application is found to be untrue before issuing the work permit, I shall be disqualified and that if such is found to be untrue before issuing the work permit government of Sri Lanka reserves the right to cancel the work permit issued to me.

Date:	
	Signature of the Applicant

## (To be filled by Head of the organization)

1. Name of the Organizati	on:		
2. Post of the Expatriate	:		
3. Validity Period of empl	oyment:		
4. Required period of ser	vice:		
4. Details of the projects f	or which the organization	on obtains the serv	ices of the expatriate.
Name of the Project	Main Activities	Location	Contribution of Expatriate
5. Address of the main w	orking station of the Ex	patriate :	
6.Alternative working sta	tion	:	
7.Recomandation		:	
8. 1 Name of the Head of	the organization:		
8. 2 Position	:		
period of work permit issu	ued to (Dr/Mr./Mrs./Mis	ss)	rect. I recommend to extend the to work in
Date		 Signatu	re of Head of theOrganization

# (To be filled by the District/Divisional/ Secretary of the area where expatriate's

#### **Main working station is located)**

Director General / Registrar NGO Secretariat	
Name of the District /Divisional Secretary -	
Administrative District -	
I have observed that the organizationreferred to have been reported Committeeregularly and that it has been working in terms of the within the legal and socio-cultured framework of Sri Lanka and the Performance of the organization is satisfactory. Extension pfor expatriate is recommendation by a period of	e constitution objectives of it and the policy frame of the government.
Date	Signature and Official Stamp

(For the use of NGO Secretariat)	
Recommendation of the National Secre	etariat for NGO:
File No:	
Secretary/Ministry of Public Security	
	work permit issued to Dr/Mr./Mrs./Miss
Date	Director General/Registrar NGO Secretariat

## (For the use of the Ministry of Public Security)

Addl. Secretary Ministry of Public Security

Name of the Expatriate - Organization -	
The present work permits expire on	
There are no adverse reports on the organi	ization and the person concerned.
I recommended the extension of the validate work in the districts of	ity period from to
Date	Asst. Secretary