

**Policy Guidelines of Ministry of Health, Nutrition & Indigenous Medicine for Residence Visa to
Pharmaceutical Companies Representation in Sri Lanka**

- (i) All applications should be duly filled and be in the format issued by the Ministry of Health, Nutrition and Indigenous Medicine. (substantially in the form of annexure A)
- (ii) Duly filled applications be forwarded by the applicant to the Director- International Health, Ministry of Health, Nutrition and Indigenous Medicine. Applications are to be sent through the respective Embassies of the applicants country of residence through the Ministry of Foreign Affairs enclosing the relevant documents including the concurrence of NMRA.
- (iii) Applications are scrutinized by a four member committee appointed by the Secretary comprising the Deputy Director General (Laboratory Service) - Chairman, the Deputy Director General (Medical Supply Division), a representative from the NMRA and the Chief Legal Officer as members. The International Health Unit will be the secretarial of the said committee.
- (iv) This committee will go through the applications and verify the qualifications if needed and interview the personal if necessary.
- (v) The recommendation of the committee will be forwarded to the Secretary Ministry of Health who has the final authority and decision.
- (vi) If the Secretary Health agrees with the recommendation of the committee, a letter of recommendation will be issued to the Commissioner General of Immigration and Emigration of Sri Lanka by the Secretary Health through the Directorate of the International Health Division.

The Application for consideration the Recommendation of Residents 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 conforming 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
-----	----

Note:

01. Relevant Council / Authority of the country of origin should certify the professional qualifications
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 declare 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.

.....
Signature of Applicant

Date.....

.....
Signature of the Managing Director Local Company

with seal

Annexure "C"

AFFIDAVIT

I _____ (Full Name) _____ Holder of Pass Port No being _____ of Address _____, being a _____ (religion) _____ do hereby truly, Solemnly and sincerely declare and affirm as follows:

- 01. I am the deponent above named
02. I am _____ citizen residing in Sri Lanka since _____ and currently managing the aforesaid company in the capacity of _____. As a (Example: managing partner of _____. I engage in various management activities required for the execution of the business operations and impart my expertise and guidance for training of the pharmaceutical products, marketing and overall growth and development of the organization)
03. I state the facts herein contained from my personal knowledge and by perusing the documents available to me.
04. I currently reside in the above address since _____.
05. I have been appointed as the (C/M) of the (Company Name)/ Agent & mother company details) of the period of _____ w.e.f _____ to _____.
06. My residence visa granted by the Controller of Immigration and Emigration on a recommendation from the Secretary/ Ministry of Health, Nutrition and indigence Medicine is due to expire on _____. Being the manager of _____, my presence and services is required for the continuation of the concern and execution of the business operation. Accordingly I have requested the Managing Director of _____ to do the needful with the relevant authorities to extend my resident visa for one more year from _____ to _____.
07. I declare and affirm that _____ (Local Agent/ Other's name) during the above period up to _____ will be responsible for my stay in Sri Lanka. My local stipend and living expenses will be borne by _____.
08. I hereby state and further declare and I shall strictly abide by the laws and regulation of Sri Lanka during my stay in the country and I shall not engage in any illegal activities during my stay.

Affirmed to at Colombo on this _____ (date) _____ the contents of the forgoing affidavit having been duly read over explained by me to the Deponent above named, who having understood contents of the same placed his Signature in my presence.

Before me

Stamp Rs.50.00

Justice of the Peace / Commissioner of Oaths