## MENALI UTHPALA DISSANAYAKE

SRI DEVARAJ URS MEDICAL COLLEGE. POST BOX NO.7, TAMAKA

KOLAR, KARNATAKA, INDIA - 563101

Tel.No.: 08152243003

Email: menadissanayake@gmail.com





Application Id:

KA1600004018

## Foreigners Registration Office

Foreigners Registration Office, Supdt. Of Police Office, Kolar-563101

SERVICE GRANTED: Registration Certificate/Residential Permit [RC/RP]

Valid From: 05/11/2018 (dd/mm/yyyy) To 20/03/2019 (dd/mm/yyyy)

Service Number KA16/RCF/LKA/22/2018

2. Name in Full **MENALI UTHPALA DISSANAYAKE** 

NISHANTHA PREMALAL WICKRAMARATHNA DISSANAYAKE Father's Name

Mother's Name DEMUNI GAYANI KANCHANA DE ZOYSA DISSANAYAKE

5. Date and Place of Birth : 15/10/1998(dd/mm/yyyy) COLOMBO, SRI LANKA 6. Gender Female

7. Present Nationality SRI LANKA

8. Number & Expiry of Passport 31/03/2026 (dd/mm/yyyy) 20/03/2019 (dd/mm/yyyy)

10 Visa Type and Valid For : STUDENT VISA (S-1), DOUBLE ENTRY

Service Rendered On : 05/11/2018 (dd/mm/yyyy)

UPDATE CHANGE OF ADDRESS WITHIN 8 WEEKS 12 Observation

SINGLE ENTRY ALLOWED

TAKING UP EMPLOYMENT OR BUSINESS AMOUNTS TO VISA VIOLATION

13. Reason for fees 14. Fees (INR)

15. Employer/Institution/Bussiness/Me SRI DEVARAJ URS MEDICAL COLLEGE, POST BOX NO.7, TAMAKA

KOLAR, KARNATAKA, INDIA dical Address Telephone No.: 08152243003

## 16. Student Course Details:

9. Number & Expiry of Visa

SI.No.	Course Name	Supplementary	Enrollment Year	Completion Year
1.	MBBS		2018	2023

Date: 05/11/2018

KA1Jurisdiction(A/22/2018 (FRO Kolar) 04018 Tel No.:08152-243444

Email:frospklr-ka@nic.in

Issued By

(FRRO Bangalore)

Tel No.: 080-25201416 Email: frroblr.feedback@nic.in

<sup>\*.</sup>This is computer generated document and does not require signature/stamp.

<sup>\*.</sup> There is no requirement of endorsement of services on passport.

Please surrender this Certificate to the Immigration Officer at the time of your final departure.

<sup>\*.</sup> To be produced during travel from India or back, wherever such travels are permissible

<sup>\*.</sup>RP/RC shall be renewed at least one month before the expiry of the present RP/RC.

<sup>\*.</sup>The genuineness of this document may be ascertained by contacting the issuing authority above.

<sup>\*.</sup> If found, please return to the issuing authority.