

For official Use ETA No .

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Deputy High Commission of Sri Lanka, Chennai
ETA Application for Tourism/Business/Transit Purpose - Individual & Group

Purpose of visit *- to be marked by (X) in the relevant cage

Tourist <input type="checkbox"/>	Business <input type="checkbox"/>	Transit <input type="checkbox"/>
Visiting friends & relatives <input type="checkbox"/> Sightseeing or holidaying <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Participate in Sports, Cultural performance <input type="checkbox"/>	Business Meeting <input type="checkbox"/> Conference <input type="checkbox"/> Short training <input type="checkbox"/> Participate in Art, music, dance <input type="checkbox"/>	Please state the intended stay in days in the following cage <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>

Travel information

Intended Arrival Date* yyyy/mm/dd	Port of Departure	Flight Number	Final destination* (for transit ETA applicants only)

Contact Details - Applicants for Tourist visas only

Address in Sri Lanka*		Address in the Country of Domicile	
	Number & Street*	City*	Country
E- mail Address*	Telephone Number*	Mobile Number	Fax Number

Contact Details of Applicant's Organization - for Business visas only

Organisation Name*		Address of applicant's Company	
	Number & Street*	City*	Country
E- mail Address*	Telephone Number*	Mobile Number	Fax Number

Contact Details of Organization in Sri Lanka - for business visas only

Organisation Name*		Address of applicant's Company	
	Number & Street*	City*	Country
E- mail Address*	Telephone Number*	Mobile Number	Fax Number

Applicant Information

Surname / Family Name*

Other / Given Names*

Title*

M r. ☐ Mrs. ☐ Miss ☐ Ms ☐ Rev ☐ Dr ☐ Prof ☐ Master ☐

Date of Birth*

Year Month Day

Gender*

Male ☐ Female ☐

Nationality*

Country of birth*

Occupation

Passport Number*

Passport Issued Date*
yyyy/mm/dd

Passport Expiry Date*
yyyy/mm/dd

Child Information

Surname/Family name*	Other/Given names*	Date of Birth* yyyy/mm/dd	Gender*	Relationship*

Declarations

Do you have valid resident Visa?*

Yes ☐ No ☐

Are you currently in Sri Lanka and possess an ETA*

Yes ☐ No ☐

Do you have valid multiple entry Visa?*

Yes ☐ No ☐

* **Mandatory Fields**

I solemnly declare that the information furnished by me in this application is true and I have not willfully suppressed any information that is required, that in the event of issue of visa I shall comply with the terms and conditions subject to which the visa is granted, and that I shall not engage myself in any employment, paid or unpaid, or in any business or trade other than the purpose of visit is granted, and that I shall notify the Controller General of Immigration and Emigration of any change in my addresses during my stay in Sri Lanka.

Date:

.....
Signature of applicant

(Please complete separate Page No 2 for each member of the Group, in case of Group ETA)