



**Italian Embassy in Colombo**  
**VISA CHECKLIST**

<b>MEDICAL TREATMENT</b>		<b>yes</b>	<b>no</b>	<b>n/a</b>
1)	<b>Application Form</b> • Completed visa application signed by the applicant.			
2)	<b>Two recent passport size coloured photograph</b> • Full face on white background.			
3)	<b>Current Passport</b> • Passport must contain two blank pages; • Passport must be valid for a period of at least 3 months beyond the date of return to Sri Lanka; • Copy of current and previous Passport bio-data page.			
4)	<b>Medical/health documentation comprised of:</b> • Medical documentation issued by the country of residence, certifying the applicant's health issue; • A medical report issued either by <b>Dr. A.M. SEBASTIAMPILLAI</b> (166/12 Kirulapone Avenue, Colombo 05 – Tel: 2514104 / 0777 845674 Email: <a href="mailto:sam.anton@ymail.com">sam.anton@ymail.com</a> ) or by <b>Dr. Burhanuddin HAMZA</b> c/o Vida Medical Colombo 33 Deal Place A, Colombo 03 Tel.: +94 112 576 576, +94 741 200 300 Email: <a href="mailto:info@vida.lk">info@vida.lk</a> or by <b>Dr. D. Chandana GALAPPATHTHI</b> Tel.: +94 777 310 636, +94 11 255 6907 Email: <a href="mailto:chandanalap@yahoo.com">chandanalap@yahoo.com</a> , who serve as the well-regarded doctors of the Italian Embassy in Colombo; • A declaration from a public or private Italian healthcare facility accredited by the National Health Service ('A.S.L.'), providing details regarding the type and dates of treatment, estimated duration, and associated costs; • A document from the Italian healthcare facility confirming the deposit of at least 30% of the estimated treatment costs. Alternatively, the applicant may provide a specific administrative act issued by an Italian Region or an authorization from the Ministry of Health under humanitarian programs.			
5)	<b>Financial Status</b> • Evidence of adequate financial means able to cover remaining healthcare expenses, living expenses while in Italy (such as food and lodging) and the assurance of repatriation to Sri Lanka; • Personal bank statements (current / savings / fixed deposit etc.) for the last 3 months; • Certified valuations for both movable and immovable assets; • Letter from the Bank stating the commitment to issue of foreign exchange upon receipt of the visa; • Most recent credit card statements; • Letter from employer / salary slips for the last 12 months.			
6)	<b>Sponsorship by a 3rd person legally residing in the country (if any)</b> • If a third party is assuming the costs of medical care for the applicant (and any accompanying individuals) during the treatment, it is mandatory to provide substantial evidence of the sponsor's financial capacity to meet these financial needs throughout the entire duration of the treatment.			
7)	<b>Proof and Address of Accommodation</b> • If the hospital or sponsoring party does not provide accommodation, the applicant must provide the address and confirmed reservation of a hotel / lodging located outside of the healthcare facility.			
8)	<b>Insurance</b> • Travel, medical and accident insurance policy as per travel itinerary (cover of at least € 30,000).			
9)	<b>Confirmed Flight Ticket Reservation</b> issued by airline or travel agency.			
10)	<b>Proof of Previous Travel (if any)</b> - Copy of visas issued in the last two years by Schengen countries, UK, Ireland, USA, Canada, Australia and New Zealand.			

Please note:

- The Embassy reserves the right to request further documentation if and when required;
- All documents should be provided in original accompanied with a set of photocopies in A4 size;
- Documents in Sinhalese, Tamil or any other language must be presented with an official English or Italian translation and legalized by the Embassy of Italy in Colombo or in case of non-Sri Lankan nationals certified by the respective Embassy / High Commission / Consulate based in Colombo.

Any Comments (include any explanations for missing documents): .....

Please sign below that you have read and seen this checklist

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**Applicant's Signature**

**Date** ...../...../.....

.....  
**Submission Officer**

**Date** ...../...../.....