

VISA APPLICATION FORM

NAME : _____
FATHER'S/HUSBAND'S NAME : _____
DATE OF BIRTH : _____ PLACE OF BIRTH : _____
ADDRESS : _____
TELEPHONE NO. : _____
PROFESSION : _____ PASSPORT NO. : _____
DATE OF ISSUE: _____ ISSUED AT: _____ EXPIRY DATE: _____
CHILDREN INCLUDED IN THE APPLICANT'S PASSPORT (TO BE FILLED IN ONLY WHEN THE CHILDREN ARE ACCOMPANYING THE APPLICANT)

PLEASE
STAPLE TWO
PASSPORT
SIZE
PHOTOGRAPHS

NAME PLACE AND DATE OF BIRTH IDENTIFICATION MARKS

A. _____
B. _____
C. _____

PRESENT NATIONALITY : _____
PREVIOUS NATIONALITY : _____ WHETHER VISA
HAS BEEN REFUSED PREVIOUSLY? IF SO, GIVE DETAILS : _____
DETAILS OF PREVIOUS VISITS TO INDIA : _____
NO. OF ENTRIES REQUIRED : (SINGLE/DOUBLE/MULTIPLE): _____
PERIOD OF STAY IN INDIA : _____ PURPOSE OF VISIT:
(TOURIST/VISITOR/BUSINESS/STUDENT/TRANSIT): _____
PLACES IN INDIA PROPOSED TO BE VISITED : _____
DATE OF DEPARTURE : _____ PORT OF ENTRY : _____
DATE OF ARRIVAL IN INDIA : _____

FOR OFFICIAL USE ONLY
VISA NO. & TYPE
D.O.I. _____
VALIDITY _____
NO. OF ENTRIES _____
PERIOD OF STAY _____
CA COUNS(CONS)

NAMES AND ADDRESSES OF TWO REFERENCES EACH IN THE COUNTRY OF ORIGIN AND IN INDIA

A. _____ (TEL : _____)
B. _____ (TEL : _____)
C. _____ (TEL : _____)
D. _____ (TEL : _____)

I, _____ HEREBY UNDERTAKE THAT I SHALL UTILIZE MY VISIT TO INDIA FOR THE PURPOSE FOR WHICH VISA HAS BEEN APPLIED FOR AND SHALL NOT USE IT FOR ANY OTHER PURPOSE. I FULLY UNDERSTAND THAT IF ANY OF THE PARTICULARS FURNISHED ABOVE IS FOUND TO BE INCORRECT OR IF ANY INFORMATION IS FOUND TO HAVE BEEN WITHHELD, THE VISA IS LIABLE TO BE CANCELLED AT ANY TIME.

DECLARATION TO BE MADE BY APPLICANTS SEEKING TO STAY IN INDIA FOR MORE THAN ONE YEAR:
"I HEREBY UNDERTAKE THAT I SHALL SUBJECT MYSELF TO A MEDICAL TEST INCLUDING FOR AIDS WITHIN ONE MONTH OF MY ARRIVAL IN INDIA. IN CASE, I AM FOUND POSITIVE FOR AIDS, I WILL LEAVE INDIA.

(SIGNATURE OF APPLICANT)

RECEIVED PASSPORT : _____
DATE : _____