

## **VISA APPLICATION FORM**

## EMBASSY OF INDIA Consular Wing

2536 Massachusetts Avenue, NW, Washington, DC 20008 Tel: (202) 939-9839/9806 Fax: (202) 797-4693 <a href="http://www.indianembassy.org">http://www.indianembassy.org</a> STAPLE TWO PHOTOS HERE

Note: This application can be used at the Embassy of India, Washington, DC or at any other Consulate General of India (Personal Checks/Credit Cards are not accepted; Cash accepted only at the Counter)

## PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING THE APPLICATION

(PLEASE PRINT IN BLOCK LET	TERS USING BLUE	BLACK ONLY)	FOR OFFICE USE ONLY
1. FULL NAME:		,	I I
(First)	(Middle)	(Last)	
2. LAST NAME AT BIRTH (IF DIFFERENT):			
3. MARITAL STATUS:			
Married Unmarried 4. IF MARRIED GIVE MAIDEN NAME:			
4. IF MARKIED GIVE MAIDEN NAME.			
5. DATE OF BIRTH	6. SEX:		
/ /	Male F	emale	
7. PLACE OF BIRTH (CITY, STATE & COUNTRY):	•		
8. CURRENT NATIONALITY:			
9. ARE YOU A PERMANENT/LONG-TERM RESIDENT	IN USA?(For Non-US nacen	oort holders only)	
Yes No	in our (i or non oo passp	ont holders only)	
If yes, please furnish photocopy of your GF	REEN-CARD/Long-term \	√isa status:	
	· ·		
0. NATIONALITY AT BIRTH:			
11. ANY OTHER NATIONALITY HELD AT PRESENT/P	AST:		
12: PRESENT ADDRESS:			
13. PHONE: (HOME)		(WORK)	
14. PERMANENT ADDRESS:			
15. PROFESSION:			
lo. The Eddien.			
16. EMPLOYER'S NAME AND ADDRESS:			
17. PASSPORT NUMBER:		18. VALID UNT	TL:
40.100150.47		20 100115 DAT	rr.
19. ISSUED AT:		20. ISSUE DAT	IE:
21. FATHER'S/HUSBAND'S NAME:		ļ.	
<u> </u>			
22. NATIONALITY OF FATHER/HUSBAND:			

24. TYPE OF VISA REQUIRED (please circle):
TouristI BusinessI StudentI EntryI TransitI JournalistI ConferenceI EmploymentI Transfer,
thersl
25. PERIOD OF VISA:
15 Days* I Six Months I One Year I Five Year I Ten Years I
(*For Transit only)
26. HAVE YOU EVER VISITED INDIA BEFORE?
If yes, give address where you stayed with dates or years:
27. HAS INDIAN VISA OR EXTENSION OF THE SAME EVER BEEN REFUSED TO YOU PREVIOUSLY?
Yes No If yes, give details:
28. ARE YOU HOLDING A VALID "NO OBJECTION TO RETURN TO INDIA" ENDORSEMENT?
Yes No If yes, give details:
29. OBJECT OF JOURNEY:
30. ARE YOU TRAVELLING ON BEHALF OF A COMPANY?
Yes No
31. IF YES, GIVE NAME AND ADDRESS OF COMPANY:
32. EXPECTED DATE OF DEPARTURE FROM USA:
33. EXPECTED DATE OF ARRIVAL IN INDIA:
34. PORT OF ARRIVAL IN INDIA:
35. ARE ANY CHILDREN IN YOUR PASSPORT ACCOMPANYING YOU?
Yes No If yes, give details:
Full Name Date of Birth Sex
(a)
(b)
(b) 36. NAME AND ADDRESS OF TWO REFERENCES:
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NOTE: PLEASE INCLUDE RETURN MAIL CHARGES WHEREVER APPLICABLE. THE SERVICE WILL NOT BE PROVIDED WITHOUT MAILING CHARGES. THE CHARGES ARE \$7/- FOR PRIORITY MAIL AND \$15/- FOR EXPRESS MAIL.