## **CONSULATE GENERAL OF INDIA**



Widenmayerstr. 15 80538 Muenchen Telephone :- 089 210239-0 / -40 / -41 / -42 / -50 TeleFax :- 089 210239-80 / -70 E-mail :- consular@cgimunich.de Web :- www.cgimunich.de

## ADDITIONAL FORM TO BE FILLED UP BY OTHER THAN GERMAN NATIONALS

## (PLEASE FILL IN CAPITAL LETTERS)

| 1.   | Surname:        |      |    |                 |
|--|-----------------|------|----|-----------------|
|  | Familienname:   |      |    |                 |
| 2.   | Given Name:     |      |    |                 |
|  | Vorname:        |      |    |                 |
| 3.   | Name of Father: |      |    |                 |
| 4.   | Name of Spouse: |      |    |                 |
| 5.   | Nationality:    |      |    |                 |
| 6.   | Date of Birth:  |      | 7. | Place of Birth: |
| 8<br>a)  | Passport No:    |      | b) | Place of issue: |
| c)   | Date of Issue:  |      | d) | Date of expiry: |
| 9. Occupation  |                 |      |    |                 |
| 10. Address where you were living for the last 3 years : |                 |      |    |                 |
| 11. Present Address:                                     |                 |      |    |                 |
| 12. Purpose of visit to India:                           |                 |      |    |                 |
| 13. Period for which visa is required:                   |                 |      |    |                 |
|  |                 |      |    |                 |
|  | Place           | Date |    | Signature       |
| (For official use only) Msg No: Date:                    |                 |      |    |                 |
| Forwarded to HICOMIND/INDEMBASSY/CONGENDIA:              |                 |      |    |                 |

With request to convey objection if any to grant of visa to the applicant. If no reply is received within 72 Hours of issue of this fax, visa shall be issued as per relevent instruction/local checks.