

Embassy of India, Berlin

Tiergartenstr.17 10785 BERLIN

 $\label{temporary} Telephone: - (030)25795820 / 25795602 \quad TeleFax: - (030)25795620 \\ E-mail: - consular@indianembassy.de \ Web: - www.indischebotschaft.de$

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	December 4 No.		b)	Discount of the second of the
a)	Passport No:		D)	Place of issue:
c)	Date of Issue:		d)	Date of expiry:
٠,	Date of issue.		۵,	Date of expiry.
9.	Occupation			
	- Coupanon			
10.	Permanent Address :			
11.	Present Address:			
• • • •	Fresent Address.			
12.	Purpose of visit to India:			
13.	Period for which visa is required:			
	Place	Date		Signature
				5.9
(For official use only)				
Msg No:				
Forwarded to HICOMIND/INDEMBASSY/CONGENDIA:				
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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.

Consular Officer