



CONSULATE GENERAL OF INDIA

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ADDITIONAL FORM TO BE FILLED UP BY OTHER THAN GERMAN NATIONALS

(PLEASE FILL IN CAPITAL LETTERS)

1. Surname: Familiennname:		
2. Given Name: Vorname:		
3. Name of Father:		
4. Name of Spouse:		
5. Nationality:		
6. Date of Birth:	7. Place of Birth:	
8 Passport No: a)	b) Place of issue:	
c) Date of Issue:	d) Date of expiry:	
9. Occupation		
10. Permanent Address :		
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.