

EMBASSY OF INDIA, THIMPHU
VISA APPLICATION FORM
PART-'A'
(TO BE FILLED BY ALL APPLICANTS FOR VISA)

*Please affix a Passport
size photograph here*

1. (A) Full Name (in Block Letters)
Mr / Mrs/ Miss / Master _____

- (B) Surname at Birth (if different) _____
- (C) Father's / Husband's Name _____

2. Whether any child/children accompanying applicant is/are included in his/her passport. If so, then give the following details:-

Name	Place & Date of birth	Sex	Relationship	Identification mark; if any

3. Place of Birth _____ (Place) _____ (State/Province) _____ (Country)
4. Date of Birth _____ (Date) _____ (Month) _____ (Year)
5. Address

(a) Permanent		Phone No.
(b) Present		Phone No.

6. Profession or occupation _____
(Details of present employment)
7. Details of Passport or other Travel Documents:-
 (a) No. _____ (b) Place of Issue _____
 (c) Date of Issue _____ (d) Date of Expiry _____
8. Present Nationality _____
9. Any other nationality (Present or Previous) _____
10. Whether Visa (permission to visit India) or to extend stay in India, has been refused previously? If so, give details

11. Have you visited India previously? If so, indicate places with dates _____

12. (a) Period for which Visa is required _____(Days/Months/Yrs)

(b) Whether Single/Double/Multiple entry Visa is required _____

13. Purpose/Object of Journey

(a) Transit (Places/countries to be visited further) _____

(b) Tourist (Places/areas to be visited) _____

(c) Business (Trade/Project/Scheme – Brief description to be given) and the party/parties to be contacted _____

(d) Education (Name and particulars of educational institution) _____

(e) Any other _____

14. Approx date of departure _____ Approx date of arrival in India _____

15. Port of 1st entry into India _____ Port of final departure from India _____

Declaration to be made by applicant 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 arrival in India. In case I am found positive for AIDS, I will leave India”.

Signature of the applicant

X-X-X-X-X-X-X-X-X-X-X-X-

PART-'B'

(Not to be filled by applicants for Tourist Visa)

1. Whether holding valid 'No Objection 'To Return to India' endorsement and if so, give particulars _____
2. State, Town etc of destinations in India _____
3. Port of landing in India _____
4. Name and address of persons who will furnish information as to applicant and also furnish financial guarantees for maintenance and repatriation if referred to:-

Name and Addresses of Two references: (1)
in the country of applicant

(2)

Name and Addresses of Two references: (1)
in India

(2)

X-X-X-X-X-X-X-X-X-X-X-X-

PART-'C'

I _____ hereby undertake that I shall utilize my visit to India for the purpose for which Visa has been applied and shall not on arrival in India, to try to obtain employment or set up business or extend my stay for any other purpose. I fully understand that if any of the particulars furnished above are to be incorrect or if any of the information is found to be with held, the Visa is liable to be cancelled at any time.

Place:

Date:

Signature of the applicant

(For Official use only)

1. No., Date and Type of Visa issued:
2. Amount of Visa fee received:

FAX NO.00975-2-323195

consbht@druknet.bt

TELEX FORM

(TO BE FILLED-IN CAPITAL LETTERS WITH BLACK INK)

Fax Message No. _____

Dated: _____

From: INDEMBASSY, THIMPHU, BHUTAN

TO: INDEMBASSY / HICOMMIND / CONGENDIA _____

The Following person has applied for _____ Visa:-

1. Name in Full: _____ (M/F)
2. Father's/Husband's name: _____
3. Nationality: _____
4. Date of Birth: _____
5. Place of Birth: _____
6. Occupation / Job: _____
7. Passport No.: _____
8. Date of Issue of Passport: _____
9. Full Home address of applicant : _____
In his/her country _____

10. Full address & Tel No. of applicant: _____
in Bhutan _____
