

CONSULATE GENERAL OF INDIA, HAMBURG

Graumannsweg 57, 22087 Hamburg

Tel: 040 338036, 040 324744, 040 330557, Fax: 040 323757, E-Mail: cgihh@aol.com, Web: www.cgihamburg.de

ADDITIONAL FORM TO BE FILLED UP BY OTHER THAN GERMAN NATIONALS

(PLEASE FILL IN CAPITAL LETTERS)

| 1. | Surname: | | | | |
|---|----------------------------|-------------------|-------|-----------------|-----|
| | Familienname | | | | |
| 2. | Givenname: | | | | |
| _ | Vorname | | | | |
| 3. | Name of Father: | | | | |
| 4. | Name of Onesia | | | | |
| | Name of Spouse: | | | | |
| 5. | Nationality: | | | | |
| 6. | Date of Birth: | | 7. | Place of Birth: | |
| 8 a) | Passport No: | | 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: | | | | | |
| | Division | | | Observat | |
| | Place | Date | | Signature | |
| Msg No: | | (For official use | only) | Dat | te: |
| 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.