



CONSULATE GENERAL OF INDIA

Friedrich-Ebert-Anlage 26

60325 Frankfurt am Main

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Email: consular@cgifrankfurt.de Web: www.cgifrankfurt.de

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

(PLEASE FILL IN CAPITAL LETTERS)

1. Surname: _____ Familiennamen:		
2. Given Name: _____ Vorname:		
3. Name of Father: _____		
4. 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: _____		
_____	_____	_____
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 relevant instruction/local checks.