

VISA APPLICATION FORM

EMBASSY OF INDIA

217 CHAUSSEE DE VLEURGAT, 1050, BRUSSELS

Telephone No.- 02-6409140, Fax No.- 026489638

Website- www.indembassy.be

Paste your
unsigned
colour
photograph
size:3.5x3.5

(Timing :Submission of Application form :0930 hrs.-1130 hrs.Delivery of visa/passport/services:1645-1715 hrs.)

(VISA APPLICATION FORM FOR ALL APPLICANTS EXCEPT PAKISTANI AND BANGLADESHI NATIONALS)

IMPORTANT- ALL ENTRIES MUST BE IN CAPITAL LETTERS WITH BLUE OR BLACK PEN ONLY.

1. Given Name:Surname:
2. Date of Birth..... Place of Birth :..... (City/vill).....(Country)
3. Nationality : (Present)..... (Previous)
- (If you are a foreigner residing in Belgium / Luxembourg, please enclose a copy of your residence proof or Identity Card or Work Permit or ID card of office / company)
4. Passport No.....Date of issue.....Place of issue.....
5. Passport issued by (Authority).....6.Any other passport being held by you.....
7. Sex : Male/Female.....8. Marital status:.....9. Profession:.....
- 10.Residential Address : (a) Present:.....
-(b) Permanent
- 11.Business/office Address :..... Phone:.....
- 12.Telephone No. Residence :.....Mobile :.....E-mail Address:.....

- 13.Father's NamePresent nationality.....Previous nationality.....
- 14.Mother's Name.....Present nationality.....Previous nationality.....
- 15.Name of Husband/wife..... Present nationality.....Previous nationality.....

16.Type of Visa required : **TOURIST/ BUSINESS/ STUDENT/ CONFERENCE/ JOURNALIST/ DIPLOMATIC/ OFFICIAL/ EMPLOYMENT/ TRAINING/ RESEARCH/ INTERNSHIP/ TRANSIT/ MOUNTAINEERING/ MISSIONARY WORK / TRANSFER.** (For Transit visa, copy of confirmed journey ticket should be attached. For Business visa, provide additional information in the separate form).

- 17.Purpose of visit :.....
- 18.Date and type of previous visas taken :.....
- 19.Proposed date of: Arrival in IndiaDeparture from India:..... DurationNo.of Entries.....
- 20.Places to be visited in India:.....
- 21.Was your visa refused earlier?: Yes/No. If yes please give details
- 22.Any children included in your passport accompanying you ? : Yes / No, If yes , give details

23. NAME, ADDRESS & TELEPHONE NO. OF TWO REFERENCES, WHO COULD BE CONTACTED IN CASE OF NEED:

- In applicant's country: (i).....
- (ii)
- In India (i).....
- (ii)

I, hereby undertake that I shall utilize my visit to India for which visa has been granted and shall not on arrival in India obtain employment or set up business or extend my stay for any other purpose. I declare that the information given is true, accurate and complete.

Date :.....

Signature of applicant

(Please note that visa is valid from the date of issue. Check, if you are holding valid international passport at least six months from the date of departure from India and have sufficient blank pages in your passport for affixing visa in the passport.)

**Embassy of India
Brussels**

Additional Information for Business Visa

Name of Applicant _____

Name of Company _____

Full Address _____

Telephone No. _____ Fax No. _____

Email _____

SIZE OF COMPANY EMPLOYEES

Under 20 20-100 100-500 500-2500 2 500 +

Company dealing with (Please tick)

- | | | |
|--|--|--|
| <input type="checkbox"/> Agriculture & allied products | <input type="checkbox"/> Automobile | <input type="checkbox"/> Carpets |
| <input type="checkbox"/> Chemicals & Related | <input type="checkbox"/> Electronics/Computers | <input type="checkbox"/> Engineering goods |
| <input type="checkbox"/> Gemstones & Jewellery | <input type="checkbox"/> Handicrafts & Giftware | <input type="checkbox"/> Herbal/Natural |
| <input type="checkbox"/> Leather | <input type="checkbox"/> Marine Products | <input type="checkbox"/> Ores & Mineral |
| <input type="checkbox"/> Petroleum Products | <input type="checkbox"/> Pharmaceuticals/Drugs | <input type="checkbox"/> Software |
| <input type="checkbox"/> Stone(Rough & processed) | <input type="checkbox"/> Textiles/Garments/Furnishings | |
| <input type="checkbox"/> Others | | |

Please specify _____

Indian companies you are meeting (Name &Address) _____

Signature _____

Date: _____