

Effective 5th July, 2002

this form is to be used by
all applicants residing in
the following states:
CT, ME, MA, NH, NJ, NY
OH, PA, PR, RI, VT, USVI



सत्यमेव जयते

Please affix one
passport size
photograph here
and enclose one
more photograph

CONSULATE GENERAL OF INDIA

3 EAST 64TH STREET (Bet. Madison and Fifth Ave.)
NEW YORK, NY 10021

Tel. (212) 774-0600 • Fax (212) 570-9581

E-mail: visa@indiacgny.org (visit our website: www.indiacgny.org)

VISA APPLICATION FORM

CHECKED/CLEARED

(FOR OFFICE USE ONLY)

Signature: _____

- Passport in Original valid for a minimum of six months beyond date of intended departure from India should accompany visa applications.
- PHOTO: Please enclose TWO passport size photographs with visa application.
- Please tender exact amount of FEE in the form of MONEY ORDER/BANK DRAFT/CRERTIFIED CHECK in the name of **CONSULATE GENERAL OF INDIA** or by CASH at the counter in bills no larger than \$50/- **WE DO NOT ACCEPT PERSONAL CHECKS.**
- Applications are accepted from 9:15AM to 12:15PM on working days and serviced passports are delivered between 4:30 - 5:15PM.
- **VALIDITY OF VISA STARTS FROM THE DATE OF ISSUE**
- **THIS FORM MAY BE FREELY DUPLICATED.**
- PLEASE CHECK INSTRUCTIONS on filling up this form. Instructions can be obtained from the Consulate General of India, New York or from our web site www.indiacgny.org.

(Please print or type)

1. Full Name: _____
(First) (Middle) (Last)
2. Last name at birth (if different): _____
3. Marital Status: Married/Unmarried _____
4. If married give maiden name: _____
5. Date of Birth: ____ / ____ / ____
mm dd yy
6. Sex: Male ___ Female ___
7. Place of birth: _____
8. Current nationality: _____
9. Are you a permanent /long-term resident in USA? Yes ___ No ___
If yes, please attach copy of your Green-Card/Long-Term Visa status: _____
(For Non-US passport holders only)
10. Nationality at birth: _____
11. Any other nationality held at present or in the past: _____
(Are you in possession of any other passport?)
12. Present Address: _____

13. Phone: _____ (Home) _____ (Work)
14. Permanent Address: _____

15. Profession: _____
16. Employer's Name and Address: _____

17. Passport Number: _____
18. Valid Till: _____
19. Issued At: _____
20. Issue Date: _____

21. Father's/Husband's Name: _____

22. Nationality of Father/Husband: _____

23. Name and Nationality of Mother: _____

24. Type of Visa required: ___ Tourist, ___ Business, ___ Student, ___ Entry, ___ Transit (short stop over while traveling to a third country), ___ Journalist, ___ Other

25. Period of Visa: ___ Days (For Transit with confirmed onward ticket only), ___ Six Months, ___ One Year, ___ Five years (for persons of **Indian origin only**, Six months each visit/Continuous stay), ___ Ten years (for U.S. Citizens only).

26. Have you ever visited India before? Yes ___ No ___ If yes, give address where you stayed with dates: _____

27. Has Indian visa or extension of same ever been refused to you previously? Yes ___ No ___
If yes, give details: _____

28. Are you holding a valid "NO OBJECTION TO RETURN TO INDIA" endorsement? Yes ___ No ___
If yes, give details (for foreigners resident in India only): _____

29. Purpose of Journey: _____

30. Are you travelling on behalf of a company? Yes ___ No ___

31. If yes, give name and address of company: _____

32. Expected date of departure from USA: _____ 33. Expected date of arrival in India: _____

34. Port of arrival in India: _____

35. Are any children included in your passport accompanying you? Yes ___ No ___ If yes, give details:

Full Name

Date of Birth

Sex

(a) _____

(b) _____

36. Name and address of two references:

(a) In India: _____

(b) In applicant's country: _____

I, _____, hereby undertake that I shall utilise my visit to India for the purpose for which the visa has been applied for and shall not, on arrival in India, try to obtain employment or set up business or extend my stay for any other purpose.

Declaration to be made by applicants seeking to stay in India for more than one year:

"I hereby undertake to undergo any medical test(s), including an AIDS test, within one month of my arrival in India. In case I test positive for AIDS, I agree to leave India".

Signature of applicant: _____ Date: _____

Place: _____