



11. **Exact purpose and place(s) of visit in India** \_\_\_\_\_

12. **Are you visiting any other country from India? If so, name of country (ies)** \_\_\_\_\_

13. **Details of last visit to India (if any)**

**Dates:**

**Purpose:**

**Date of return:**

14. **Previous Applications and Travel**

a)Have you had a visa for India cancelled:	Yes	No
b)Have you been refused a visa or entry clearance` by an Indian Mission/Post	Yes	No
c)Have you ever been refused permission to leave India	Yes	No
d)Have you ever been refused visa for another country	Yes	No
e)Have you ever been deported, removed or otherwise required to leave India	Yes	No
f)Have you ever been deported from any other country	Yes	No
g)Have you ever Overstayed in India	Yes	No

***If the answer to any of the above questions is 'Yes', please give details below:***

Details: (e.g. reason/s for the same, outcome, reference number, visa number, etc.)	
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15. **Complete residential address (business address in case of businessmen) and contact telephone /cell numbers in your Country:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Name & address of relatives/friends/business associates/employer, with contact telephone numbers in India:

17. Documents enclosed: (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

18. **Declaration:**

- i) I have read and understood the instructions in the Annexure to this Visa Application Form. I am willing and able to abide fully by them. I declare that the information given by me in this form is complete and correct and the visit to India will be undertaken for the purpose indicated in this application. I shall not, on arrival in India, try to obtain employment, set up business or extend my stay for any other purpose.
- ii) I undertake that in case the information provided by me in this form is found to be incorrect, I shall be liable for denial of visa/entry, deportation and/or other penalties, during my visit, as provided by Indian law.
- iii) I 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 immediately.

\_\_\_\_\_  
Signature of Applicant

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Tel/Mobile No: \_\_\_\_\_

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**For Official Use only:**