

FAX

TO : INDEMBASSY / HICOMN / CONGENDIA

 FROM : HICOMIND. COLOMBO
 Reference No :

FILL IN BLOCK LETTERS

| | |
|---|---|
| FULL NAME | |
| SURNAME | |
| FATHER NAME | |
| SPOUSE NAME | |
| DATE OF BIRTH | |
| PLACE OF BIRTH | |
| SEX | |
| PASSPORT NO | DATE OF ISSUE |
| PLACE OF ISSUE | |
| PREVIOUS PASSPORT NO | DATE OF ISSUE |
| PLACE OF ISSUE | |
| PRESENT OCCUPATION | |
| PRESENT NATIONALITY | |
| GIVE DETAILS OF DUAL NATIONALITY, GREEN CARD, RESIDENT VISAS OF ANY OTHER COUNTRY | |
| ADDRESS IN SRI LANKA | |
| ADDRESS IN FOREIGN COUNTRY (DOMICILE) | Door / P O Box No. : Address line 1 : Address line 2 : city : country : |
| SINCE WHEN YOU ARE RESIDING IN THE FOREIGN COUNTRY (DOMICILE) | |
| EXACT PURPOSE AND PLACE OF VISIT IN INDIA | |
| DATE OF LAST VISIT TO INDIA | |
| WHETHER VISA WAS EVER REFUSED? IF YES PLEASE GIVE DETAILS | |
| DURATION | |
| NUMBER OF VISITS(SINGLE/DOUBLE/ MULTIPLE) PROPOSED | |

DATE:.....

SIGNATURE:.....