

CONSULATE-GENERAL OF INDIA

1835 Yonge Street, #400, Toronto, ON - M4S 1X8

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Website: <http://www.cgitoronto.ca>

e-Mail: cgindia@cgitoronto.ca

CONSULAR HOURS : 0930 – 1100

PICK UP HOURS :1500 –1600

VISA APPLICATION FORM

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM

PLEASE
PASTE /STAPLE TWO
RECENT PASSPORT SIZE
PHOTOGRAPHS HERE.

1. Name in full Mr./ Mrs./ Miss.....
(Block Letters) (First) (Middle) (Last)

2. Previous Name, if any.....

3. Father's Name & Nationality.....

4. Mother's Name & Nationality.....

5. Spouse's Name & Nationality.....

5. Date of Birth.....(Day).....(Month).....(Year)

6. Place of Birth.....
(City) (State/Province) (Country)

7. Present Address.....

8. Profession (Details of present employment).....

9. Passport No..... Date..... Issued at..... Expiring on.....

10. Children included in the applicant's passport (To be filled in only when children are accompanying the applicant)
Name Place & date of Birth Sex Relationship Identification Marks (if any)

(I).....

(II).....

11. Present nationality(ies).....

12. Previous nationality(ies), if any.....

13. Whether visa has been refused previously ? If so give details.....

14. Details of previous visits to India (If any).....

15. No. of entries..... Period for which visa is required.....
(Single/Double/Triple/Multiple) (six months, one year, five years)

16. Purpose of journey: (Tourist/Visitor (Visiting relatives)/Business/Transit/education/ Any other (Please give details):.....

17. Place(s) in India proposed to be visited.....

18. Approximate date of departure from Canada.....and arrival in India.....

FOR MAILING BACK
PLEASE ATTACH PRIORITY
PRE-PAID ENVELOPE

FOR OFFICE USE ONLY

No. of Visa.....

Date of issue.....

Type of visa.....

Validity.....

Period of stay.....

No. of entries.....

Visa Fee: C\$.....

Consular Officer

19. Names and full addresses of two references:

IN THE COUNTRY OF APPLICANT

(I)..... (Ph.No.....)

.....
.....

(II)..... (Ph.No.....)

.....
.....

IN INDIA (Not required in cases of Tourist/Transit Visas)

(I)..... (Ph.No.....)

.....
.....

(II)..... (Ph.No.....)

.....
.....

20. I, hereby undertake that I shall utilize my visit to India for the purpose for which visa has been applied and shall not on arrival in India, try to obtain employment or setup business or extend my stay for any other purpose, I fully understand that if any of the particulars furnished above are found to be incorrect or if any of the information is found to be withheld, the visa is liable to be cancelled at any time.

DECLARATION TO BE MADE BY APPLICANTS SEEKING TO STAY IN INDIA FOR MORE THAN 1 YEAR

"I hereby 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."

COLLECTION/MAILING INSTRUCTIONS (Please specify):

() Pick up at the counter () registered mail as per attached envelope () To be mailed via PRIORITY POST (Cover attached)

Place Date

Tel : Res:.....Bus. Fax:

(Signature of the applicant)