Embassy of India, Berlin

Tiergartenstr. 17
10785 BERLIN

ADDITIONAL FORM TO BE FILLED UP BY OTHER THAN GERMAN NATIONALS

(PLEASE FILL IN CAPITAL LETTERS)

1.	**Surname:** Familienname:		
2.	**Given Name:** Vorname:		
3.	**Name of Father:**		
4.	**Name of Spouse:**		
5.	**Nationality:**		
6.	**Date of Birth:**	7.	**Place of Birth:**
8 a)	**Passport No:**	b)	**Place of issue:**
c)	**Date of Issue:**	d)	**Date of expiry:**
9.	**Occupation**		
10.	**Permanent Address :**		
11.	**Present Address:**		
12.	**Purpose of visit to India:**		
13.	**Period for which visa is required:**		
14.	**If you are a foreign passport holder (other than German Passport), please mention the reason for stay in Berlin:**		

Place _____ Date _____ Signature _____

(For official use only)

Msg No:_____ Date:_____

Forwarded to HICOMIND/INDEMBASSY/CONGENDIA:_____

With request to convey objection if any to grant of visa to the applicant. If no reply is received within 72 Hours of issue of this fax, visa shall be issued as per relevant instruction/local checks.

_____

Consular Officer