

Appendix XIII

Visa Officer
Consulate General of India, Hamburg
Kohlhoefen 21, 20355, Hamburg
Germany

REQUEST FOR MEDICAL VISA

Dear Sir.

..... (Patient's name) has been advised to undergo (diagnosis) at (Name of hospital and place) by our Sr. Consultant,..... (Consultant's name), Department of (Speciality).

The cost of treatment will be (cost) and the duration of the treatment will be (duration).

Passport details are given below for your kind reference.

Name of the Patient

Passport number.....

Name of the companion (Attendant).....

Passport number

We request you to kindly issue visa to him/ her and his/ her companion (attendant).
Thanking you and looking forward to an early action from your side.

Yours sincerely

Authorized Signatory

Telephone number :

Fax number :

Email:
