HIGH COMMISSION OF INDIA,COLOMBO, SRI LANKA

VISA SECTION

FAX : 0094-11-2438075 EMAIL : cons3.colombo@mea.gov.in

TO : IND EMBASSY/HCI IND/CON GEN IND :

REFERENCE NO: DATE:

**(FILL IN BLOCK LETTERS)**

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **SURNAME** |  |
| **FATHER NAME** |  |
| **SPOUSE NAME** |  |
| **PLACE & DATE OF BIRTH** |  |
| **SEX** |  |
| **PASSPORT NO. PLACE & DATE OF ISSUE** |  |
| **PREVIOUS PASSPORT NUMBER** |  |
| **PRESENT OCCUPATION** |  |
| **PRESENT NATIONALITY** |  |
| **GIVE DETAILS OF DUAL NATIONALITY, GREEN CARD, RESIDENT VISA OF ANY OTHER COUNTRY** |  |
| **ADDRESS IN SRI LANKA:** |  |
| **ADDRESS IN FOREIGN COUNTRY OF DOMICILE****DOOR/P.O.BOX NO.** |  |
| **NEAREST INDIAN EMBASSY/ HIGH COMMISSION/ CONSULATE GENERAL FROM NATIVE PLACE.** |  |
| **SINCE WHEN YOU ARE RESIDING IN THE FOREIGN COUNTRY (DOMICILE)** |  |
| **DATE OF LAST VISIT TO INDIA** |  |
| **EXACT PURPOSE OF VISIT TO INDIA** |  |
| **WHETHER VISA WAS EVER REFUSED?****IF SO, PLEASE GIVE DETAILS.** |  |
| **TYPE OF VISA/ DURATION/ ENTRIES** |  |

Date: Signature:

**Please send your response to** **cons3.colombo@mea.gov.in**

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