



सत्यमेव जयते

CONSULATE GENERAL OF INDIA
540 Arguello Blvd. San Francisco, CA 94118
Tel: 415-668-0662 | Fax: 415-668-9764
www.cgisf.org

**ADDITIONAL FORM TO BE FILLED IN BY NON RESIDENTS /VISITORS IN U.S.A.
ALONG WITH VISA APPLICATION FORM**

TO BE FILLED IN CAPITALS (BLACK INK)

SURNAME/ FAMILY NAME.....
FIRST & MIDDLE NAME.....
NAME OF FATHER/ SPOUSE.....
NATIONALITY.....
DATE OF BIRTH.....PLACE OF BIRTH.....
PASSPORT NO.....
DATE OF ISSUE.....PLACE OF ISSUE.....
PROFESSION/ OCCUPATION.....
PERMANENT ADDRESS.....
.....TEL NO.....
PURPOSE OF VISIT.....
TYPE OF VISA REQUESTED.....PERIOD.....

SIGNATURE OF APPLICANT

(FOR OFFICIAL USE ONLY)

Dated.....

Forwarded to Indembassy/ Hicomind/ Congendia.....with the request to convey your No Objection to grant of visa to above applicant urgently. If no reply is received within 72 hours of issue of this msg., your clearance shall be presumed and visa issued as per relevant instructions/ local checks.

Vice Consul (PV)