



**CONSULATE GENERAL OF INDIA**  
Friedrich-Ebert-Anlage 26  
60325 Frankfurt am Main  
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E-mail: consular@cgifrankfurt.de Web: www.cgifrankfurt.de

**ADDITIONAL FORM TO BE FILLED UP BY OTHER THAN GERMAN NATIONALS**

**(PLEASE FILL IN CAPITAL LETTERS)**

1. Surname: Familiennamen:	
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:	
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.