



**VISA APPLICATION FORM**

**Consulate of India**

on behalf of

**High Commission of India, Malta**

Telephone No. 00356 21222 346

Fax No.00356 21446 792

E-Mail:- [consular@india.org.mt](mailto:consular@india.org.mt)

**Three photos  
5cm x 5cm**

**Applicants must fill all the columns in English (Block Letters)**

1. Mr./Mrs./Miss	Last Name	First Name	Middle Name
.....	.....	.....	.....
2. Previous name, if any	Father's Name	Husband's Name	
.....	.....	.....	
3. Date & Place of Birth	Day	Month	Year
.....	.....	.....	.....
4. Place of Work and Home Address:..... .....			
Mobile/Telephone No.....		Email address .....	
5. Occupation: .....			
6. Passport No.....		Date of issue:.....	
Place of Issue:.....		Validity:.....	
7. Children included in the applicant's passport: (To be filled only when children are accompanying the applicants)			
Name:	Date of Birth	Relationship	Sex
1.			
2.			
8. Present Nationality		Any other Nationality/present or previous	
.....		.....	

**(For official Use)\***

Receipt No..... Date of receive application.....

Visa No. .... Date of Issue..... Type of Visa..... Duration.....

9. Details of previous visit to India, if any (including Indian visa number)

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10. No. of entries	Single	Double	Multiple
11. Period of visa required	Weeks	Days	Months

12. Countries from which entry into India will be made

13. Purpose of journey	Business	Tourist	Employment	Education	Other
Places in India proposed to be visited					

14. Approximate date of departure from Malta

Approximate date of arrival in India

15. Date of final departure from India

16. Port of First entry into India

Port of final departure from India

17. Whether holding valid "No Objection to return to India endorsement and if so give Particulars

18. Name and address of one reference in country of applicant & in India

In India	In Malta
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1.....

2.....

19. I hereby undertake that I shall utilize my visit to India for the purpose for which visa has been applied and shall not, on arrival in India, try to obtain employment or set up business or extend my stay for any purpose. I fully understand that if any of the particulars furnished above are found to be incorrect or if any of the information is found to be withheld, the VISA IS LIABLE TO BE CANCELLED at any time.

Date:

Signature of applicant

Place:

