



EMBASSY OF INDIA Annexe

(Consular & Visa Division)

Opening 1

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TO BE FILLED IN CAPITAL LETTERS

FROM : INDEMBASSY VIENNA

TO : INDEMBASSY/HICOMIND/CONGENDIA

**THE FOLLOWING PERSONS HAS APPLIED FOR _____ DAYS/ MONTHS/
YEAR TOURIST/BUSINESS/STUDENT/CONFERENCE VISA :**

NAME :

NATIONALITY :

DATE & PLACE OF BIRTH :

OCCUPATION :

PASSPORT NO :

DATE OF ISSUE :

VALIDITY UPTO :

PLACE OF ISSUE :

HOME ADDRESS :

TEL. NO :

SIGNATURE OF APPLICANT

.....
REQUEST CONFIRMED BY RTN TLX/FAX, IF YOU HAVE ANY OBJECTION TO ISSUING THE
REQUESTED VISA TO THE APPLICANT. IN CASE NO REPLY IS RECEIVED WITHIN 72 HOURS, AS
PER GOVERNMENT INSTRUCTIONS VISA WILL BE ISSUED AFTER LOCAL CHECKS.

FAX NO :

DATE :

COUNSELLOR(C)