



**Embassy of India**  
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**URGENT**

ADDITIONAL FORM TO BE FILLED UP BY FOREIGN PASSPORT HOLDERS

( TO BE FILLED IN CAPITAL LETTERS )

NAME OF THE APPLICANT : LAST NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_

NAME OF FATHER/SPOUSE : \_\_\_\_\_

NATIONALITY : \_\_\_\_\_

DATE & PLACE OF BIRTH : \_\_\_\_\_

PASSPORT NUMBER : \_\_\_\_\_

DATE & PLACE OF ISSUE : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

PERMANENT ADDRESS : \_\_\_\_\_  
 \_\_\_\_\_

PURPOSE & DURATION FOR VISA:  
 APPLIED \_\_\_\_\_

\_\_\_\_\_  
 (SIGNATURE OF APPLICANT)

**FOR OFFICE USE ONLY**

FAX/MESSAGE NO. \_\_\_\_\_ DATE \_\_\_\_\_

FORWARDED TO INDEMBASSY/HICOMIND/CONGINDIA: \_\_\_\_\_

THE ABOVE PERSON HAS APPLIED FOR BUSIENSS/TOURIST/CONFERENCE VISA FOR A PERIOD OF \_\_\_\_\_. REQUEST, CONFIRM PARTICULARS AND COMMUNICATE OBJECTION, IF ANY, TO GRANT VISA TO HIM/HER. COST RECOVERED. IF NO REPLY IS RECEIVED WITHIN 72 HOURS, AS PER GOVERNMENT INSTRUCTIONS VISA WILL BE ISSUED AFTER LOCAL CHECKS.

\*Assistant Consular Officer