

CONSULATE GENERAL OF INDIA
HOUSTON
(FAX NOS.00-1-713-626-627-2034 & 2450 /993-9347)

**ADDITIONAL FORM TO BE FILLED IN BY NON-RESIDENTS IN BOLD
CAPITAL LETTERS, ALONGWITH VISA APPLICATION FORM**

NAME OF THE APPLICANT _____

FATHER'S/HUSBAND'S NAME _____

NATIONALITY _____

DATE & PLACE OF BIRTH _____

PPT. NO. WITH DATE AND
PLACE OF ISSUE _____

OCCUPATION _____

PERMANENT ADDRESS _____
(In country of origin) _____

LOCAL COMPLETE ADDRESS _____

TYPE OF VISA HOLDING FOR STAY IN USA _____

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

TO _____

REPEAT TO _____

OUR REF NO.HOU/CONS/ _____ /2004 DATED _____

THE ABOVE MENTIONED _____ NATIONAL(S)

HAS/HAVE APPROACHED THIS POST FOR SINGLE/MULTIPLE

ENTRY,TROURIST/BUSINESS _____ MONTHS VISA TO INDIA.

REQUEST FAX CLEARANCE, IF NO REPLY IS RECEIVED WITHIN 72
HOURS, THE VISA WILL BE ISSUED AS PER THE MHA INSTRUCTIONS.

VICE CONSUL (CONS.)