



VISA APPLICATION FORM

CONSULATE GENERAL OF INDIA CONSULAR WING 540 ARGUELLO BLVD., SAN FRANCISCO, CA 94118 TEL: (415) 668-0662/0683 FAX: (415) 668-9764

STAPLE TWO PHOTOS HERE

http://www.cgisf.org
APPLICATIONS ARE ACCEPTED AT THE COUNTER FROM 9:00am To 12:00pm (MON. to FRI.) ONLY

Note: This application can be used at the Consulate General of India, San Francisco or at any other Consulate Generals/Embassy of India provided the applicant resides in States of Consulate's jurisdiction.

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING THE APPLICATION					
(PLEASE PRINT IN BLOCK LETTERS ONLY)				FOR O	FFICE USE ONLY
1. FULL NAME:					
2. LAST NAME AT BIRTH (IF DIFFERENT):					
3. MARITAL STATUS: Married Unmarried_					
4. DATE OF BIRTH	5. SEX Male Female				
6. PLACE OF BIRTH (CITY, STATE & COUNT)	RY):				
7. CURRENT NATIONALITY:					
8. ARE YOU A PERMANENT/LONG-TERM RE Yes No	SIDENT IN USA?				
If yes please furnish photocopy of your GREEN-CARD(both sides)/Long-term Visa Status: (For Non-US passport holders only)					
9. NATIONALITY AT BIRTH:					
10. ANY OTHER NATIONALITY HELD AT PRESENT/PAST(Are you in possession of any other passport?):					
11. PRESENT ADDRESS:					
TI. TALIMINI ADDITION.					
12. PHONE (HOME):	13. PHONE (WORK):		14. E-Mail:		
15. PERMANENT ADDRESS:					
16. PROFESSION:					
17. EMPLOYER'S NAME AND ADDRESS:					
18. PASSPORT NUMBER:		19. VALID UNTIL:			
20. ISSUED AT:		21. ISSUE DATE:			
22. FATHER'S NAME:		23. NATIONALITY OF FATHER:			
24. NAME & NATIONALITY OF SPOUSE: 2			ME AND NATIONA	ALITY OF MOTHER	
26. TYPE OF VISA REQUIRED (check one): Tourist Business Student Entry Journalist Conference Employment Transfer Transit (for short stopover when traveling to a 3 rd country)					
27. PERIOD OF VISA (check one): Days (for Transit with confirmed onward ticket only), Six Months I, One Year I, Five Years I, PAGE 1 of 5 Ten Years (for U.S. Citizens only, 6 months each stay) I					