



सत्यमेव जयते

भारत का राजदूतावास

EMBASSY OF INDIA ROME
VIA XX SETTEMBRE, 5
00187, ROME, ITALY
TEL. 06 4884642 -43-44
FAX: 0039-06-482-4252
cons.wing@indianembassy.it

FAX/E-MAIL

Date: _____

(TO BE FILLED IN CAPITAL LETTERS WITH BLACK PEN)

NAME OF THE APPLICANT: _____

(Surname to be underlined)

NATIONALITY: _____

FATHER'S NAME WITH
NATIONALITY: _____

SPOUSE NAME WITH
NATIONALITY (If Married): _____

DATE & PLACE OF BIRTH: _____

PASSPORT NO.: _____

DATE & PLACE OF ISSUE: _____

SECOND PASSPORT NO. (If any): _____

DATE & PLACE OF ISSUE: _____

PERMANENT ADDRESS: _____

(In the country of origin)

PRESENT ADDRESS: _____

PURPOSE / AND PERIOD OF VISA APPLIED: _____

SIGNATURE OF THE APPLICANT: _____

(For Official use only)

FORWARDED TO INDEMBASSY/HICOMIND/CONGENDIA _____

ASSTT.CONSULAR OFFICER