



Embassy of India
140 Hayarkon Street
PO Box 3368
Tel Aviv 61033 (Israel)
Tel: 00-972-3-7620700
Fax: 00-972-3-7365615
Email: cons3.telaviv@mea.gov.in

URGENT

ADDITIONAL FORM TO BE FILLED UP BY FOREIGN PASSPORT HOLDERS

(TO BE FILLED IN CAPITAL LETTERS)

GENDER :

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: _____

(SIGNATURE OF APPLICANT)

FOR OFFICE USE ONLY

FAX/MESSAGE NO. _____ DATE _____

FORWARDED TO INDEMBASSY/HICOMIND/CONGINDIA: _____
WITH THE REQUEST TO 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