



सत्यमेव जयते

भारत का राजदूतावास

EMBASSY OF INDIA ROME  
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**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