

HIGH COMMISSION OF INDIA

15, RIO NEGRO CLOSE, MAITAMA, ABUJA
TELEPHONE: 09-4132323, FAX: 09-4132324

8A WALTER CARRINGTON CRESCENT, V.I., LAGOS
TELEPHONE: 01-2627680, FAX: 2612660

www.indianhcabuja.com

VISA APPLICATION FORM

WORKING HOURS:
ACCEPTANCE:
09.00 AM TO 11.00 AM
DELIVERY:
04.00 PM TO 05.15 PM
**VISA INFORMATIONS MAY
BE SEEN AT OUR
WEBSITE:**
www.indianhcabuja.com

- PLEASE NOTE:**
1. VISA IS LIABLE TO BE CANCELLED IF ANY INFORMATION WITHHELD OR FOUND TO BE INCORRECT IN THE FORM.
 2. SUPPORTING DOCUMENTS/EVIDENCES MAY BE REQUIRED AT THE TIME OF INTERVIEW OR LATER. PLEASE BE READY FOR THEM.
 3. THE PASSPORT SUBMITTED SHOULD HAVE AT LEAST SIX MONTHS VALIDITY.
 4. APPLICANT WILL HAVE TO SUBMIT THE DOCUMENTS REQUESTED FOR.
 5. **VISA FEE WILL NOT BE REFUNDED ONCE THE RECEIPT HAS BEEN ISSUED.**

**PLEASE PASTE ONE
PASSPORT SIZE
PHOTOGRAPH HERE
AND ATTACH AN
ADDITIONAL
PHOTOGRAPH
ALONGSIDE**

REFERENCE NO. _____	APPLICATION DATE _____/_____/200____	MODE OF PAYMENT CASH		
DETAILS BELOW ARE INFORMATIONS ABOUT THE APPLICANT AND ARE TO BE FILLED BY HIM TO AVOID ANY MISTAKE. DATA SHOULD BE BASED ON YOUR PASSPORT BEING SUBMITTED FOR VISA.				
NUMBER OF CHILDREN ACCOMPANYING ON YOUR PASSPORT- _____				
IF YES, PLEASE WRITE DATE(S) OF BIRTH OF THE CHILD/CHILDREN- ____/____/____ & ____/____/____				
SEX – MALE / FEMALE	TITLE – MR. / MRS. / MISS			
FIRST NAME - _____ _____	SURNAME - _____ _____			
FATHER/HUSBAND'S NAME - _____				
DATE OF BIRTH (DD/MM/YEAR) ____/____/____		PLACE OF BIRTH _____		
PASSPORT NUMBER _____	DATE OF ISSUE (DD/MM/YEAR) ____/____/____	DATE OF EXPIRY (DD/MM/YEAR) ____/____/____	PLACE OF ISSUE _____	
PASSPORT TYPE – DIPLOMATIC / OFFICIAL / ORDINARY / ECOWAS PASSPORT FOR FED REP OF NIGERIA / UN / IF ANY OTHER TYPE PLEASE WRITE _____				
PRESENT NATIONALITY _____		DUAL / FIRST NATIONALITY IF ANY PLEASE WRITE _____		
VISA REQUESTED (PLEASE TICK ONE OF THESE) DIPLOMATIC / OFFICIAL / BUSINESS / CONFERENCE / MEDICAL / MEDICAL ATTENDANT / ENTRY / EMPLOYMENT / STUDENT / TOURIST / JOURNALIST / TRANSIT / RESEARCH				
DURATION REQUESTED FROM - ____/____/____ TO- ____/____/____		ENTRIES REQUESTED (PLEASE TICK ONE OF THESE) MULTIPLE/ TRIPLE/DOUBLE/SINGLE		
PLEASE FILL THE PERSONAL DATA ON THE NEXT PAGE. BELOW FOR OFFICE USE ONLY :				
AMOUNT OF VISA FEE ACCEPTED IN NAIRA _____	TELEX FEE (ONLY FOR NON NIGERIAN PASSPORTS) _____	SERVICE FEE NIL	RECEIPT NUMBER _____	CURRENCY FOR VISA FEE NAIRA

PERSONAL DATA OF THE APPLICANT

PHONE NUMBER- _____	OCCUPATION – _____
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RESIDENTIAL ADDRESS- _____

OFFICE ADDRESS-- _____

PURPOSE OF YOUR VISIT- _____

DETAILS OF PREVIOUS VISITS (PLEASE WRITE VISA NUMBERS, DATES OF ISSUE AND DURATION/DETAILS)

VISA NO.- DATE OF ISSUE- DATE OF EXPIRY- DURATION OF VISIT FROM- UP TO-	VISA NO.- DATE OF ISSUE- DATE OF EXPIRY- DURATION OF VISIT FROM- UP TO-	VISA NO.- DATE OF ISSUE- DATE OF EXPIRY- DURATION OF VISIT FROM- UP TO-	VISA NO.- DATE OF ISSUE- DATE OF EXPIRY- DURATION OF VISIT FROM- UP TO-
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PREVIOUS NAMES (IF ANY LIKE MAIDEN NAME, CHANGE IN NAME ETC.)

1. _____ 2. _____

COUNTRIES FROM WHICH ENTRY INTO INDIA WILL BE MADE

1. _____ 2. _____ 3. _____ 4. _____

PLACES IN INDIA TO BE VISITED

1. _____ 2. _____ 3. _____ 4. _____

NAMES AND ADDRESSES OF TWO REFREES IN THE COUNTRY OF THE APPLICANT:

1. _____ _____ _____	2. _____ _____ _____
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NAMES AND ADDRESSES OF TWO REFREES IN INDIA:

1. _____ _____ _____	2. _____ _____ _____
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DECLARATIONS TO BE MADE BY APPLICANTS:

I, hereby undertake that I shall subject myself to a medical test including for AIDS within one month of arrival in India. In case I am found positive of AIDS I will leave India.

I, _____ hereby undertake that I shall utilize my visit to India for the purpose for which visa has been applied and shall not on arrival in India try to obtain employment or set up business or extend my stay for any other purpose. I fully understand that if any of the particulars furnished above are found to be incorrect or if any information is found to have been withheld, the visa is liable to be cancelled at any time.

Email of the applicant- _____ Signature of the applicant _____

FOR OFFICIAL USE ONLY

VISA ACCEPTED FOR	TYPE	PERIOD	NO. OF ENTRIES	GRATIS OR PAID	AUTHORISING OFFICER SIGNATURE/DATE
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PROCESSING STAGES:

VISA NO. GRANTED	DOI	DOE	TYPE	PERIOD	NO. OF ENTRIES	GRATIS OR PAID	AUTHORISING OFFICER SIGNATURE/DATE
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UNDERTAKING

I,.....hereby declare that:

- i) With the exception of the payment of requisite visa fee(s) to Sterling Bank and medical reference fee, no other payments have been made to any intermediary for facilitating the Indian visa.
- ii) I will not carry with me satellite phone without valid licence while visiting India. Violation of the said provision may lead to confiscation of the satellite phone in possession.
- iii) I have been vaccinated against Yellow Fever and possess a valid Yellow Fever Vaccination Card which is to be produced on demand on entry in India;
- (iv) **(For applicants of Medical Visa only):** I have paid Naira to Dr...../Agency..... for arranging my appointment/treatment inHospital in India
- v) All information/documents presented to the High Commission alongwith my visa application are genuine. I understand that in case of any document is found forged, I will face its consequences which may include prosecution and ban on visa to India;
- vi) I promise to abide by the concerned Foreign Exchange Regulations of the Government of India.

Signature of Passport Holder

Date: