



EMBASSY OF INDIA
ATHENS
VISA APPLICATION FORM

(To be filled in English)
(For all applicants except Pakistani and Bangladeshi nationals)

PASTE TWO
PASSPORT
SIZE PHOTO
HERE

For office use only: Date of Application: _____ Receipt No. _____
Visa Fee: _____ Fax: _____ Ser. Fee: _____ E/Fee: _____
Date of Delivery: _____ Visa No: _____
Date of Issue: _____ Date of Expiry : _____ Type: _____

- PLEASE READ INSTRUCTIONS before filling up this form. Instructions can be obtained from the Embassy of India, Athens website www.indianembassy.gr
- Applications are accepted from 9.00 a.m. to 1.00 p.m. on all working days and serviced passports are delivered between 1.00 p.m. to 3.00 p.m.
- Enclose Original passport valid for a minimum of six months.
- **VALIDITY OF THE VISA STARTS FROM THE DATE OF ISSUE.**

Family Name _____ First Name _____

Family Name at Birth (if different) _____

Marital Status : Married Unmarried Sex: Male Female

Date of Birth: _____ Place of Birth: _____

Home Address: (local) _____

Phone (home) _____ (Mobile) _____

Profession: _____

Company Name : _____

Professional Address: _____

Email: _____ Phone _____

Current Nationality: _____ Nationality at birth: _____

Passport No. _____ Place of Issue _____

Date of Issue _____ Date of Expiry _____

Any other Nationality (Are you in possession of any other passport): _____

Father's name _____ Nationality _____

Mother's name _____ Nationality _____

Spouse's name _____ Nationality _____

(For Non-Greek Passport holders only)

Are you a permanent / long-term resident of Greece? Yes No

If yes, please attach copy of Residence Permit / Greek Identity Card / Letter from Employer

Remarks : For Office Use Only

Type of Visa Required: Please mark against relevant column

Tourist	<input type="checkbox"/>	Transit	(for joining a vessel or transiting through India to an onward final destination)	<input type="checkbox"/>
Business	<input type="checkbox"/>	Entry	(for inspection of vessel / People of Indian Origin)	<input type="checkbox"/>
Student	<input type="checkbox"/>	Conference		<input type="checkbox"/>
Journalist	<input type="checkbox"/>	Employment		<input type="checkbox"/>
Medical	<input type="checkbox"/>	Any Other *		<input type="checkbox"/>

* give details of purpose and places of visit with dates : _____

Proposed Date of: Arrival in India _____ Departure from India _____

Details of last visa:

Visa No. _____ Issued at _____ Type _____

Date of Issue _____ Date of Expiry _____

Last exit from India _____

TO BE FILLED BY APPLICANTS – OTHER THAN TOURIST VISA

Are you traveling on behalf of a company? Yes No

If yes give name and address of company: _____

_____ Tel. _____

Have you visited India before? Yes No

If yes, please give address and dates of stay during last visit:

Name and addresses and Telephone number of references in India and Greece who could be contacted in case of need.

In India: _____

_____ Tel : _____

In applicant's country _____

_____ Tel : _____

I hereby undertake that I shall utilize my visit to India for the purpose for which the visa has been applied for. I fully understand that if any of the particulars furnished above are found to be incorrect or if any information I withheld, the VISA is liable to be cancelled at any time.

Date: _____

Signature of applicant (parent can sign for minors)

UNSIGNED APPLICATION MAY REMAIN UNPROCESSED