

HIGH COMMISSION OF INDIA
KUALA LUMPUR

Tel: [00-603 62052350-54](tel:00-603-62052350-54) (5 lines)
Fax: 00-603 61431190
Email: cons@indianhighcommission.com.my

ADDITIONAL FORM TO BE FILLED IN BY NON RESIDENTS (IN BOLD CAPITAL LETTERS) ALONG WITH VISA APPLICATION FORM

Name of the Applicant : _____

Gender : _____

Father's Name : _____

Nationality : _____

Date of Birth : _____

Place of Birth : _____

Passport No : _____

Date of Issue : _____

Place of Issue : _____

Occupation : _____

Permanent Address : _____

(In country of Origin) _____

Type of visa holding for stay in Malaysia : _____

Period Of continuous stay in Malaysia : _____

Signature of Applicant

FOR OFFICE USE ONLY

To: _____

Repeat to : _____

From : First Secretary (Consular)

Our Ref: Kua/con/407/1/2003 Date: _____

The above mentioned _____ national(s) born in _____
approached this mission for Single/Double/Multiple entry Tourist/Business/Entry/Employment/Transit
Visa (s) to India for a period of _____.

Request telex clearance. Cost recovered

For First Secretary (Cons)