



HIGH COMMISSION OF INDIA,
KUALA LUMPUR

FAX NO: 00-603-2092 2752

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

NAME OF THE APPLICANT : _____

FATHER'S NAME : _____

NATIONALITY : _____

DATE AND PLACE OF BIRTH : _____

PASSPORT NUMBER : _____

DATE AND PLACE OF ISSUE : _____

OCCUPATION : _____

PERMANENT ADDRESS : _____
(In Country of Origin)

TYPE OF VISA HOLDING FOR 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** _____

APPROACHED THIS MISSION FOR SINGLE/MULTIPLE ENTRY / TOURIST / BUSINESS / SOCIAL /

EMPLOYMENT VISA (S) TO INDIA FOR A PERIOD OF _____

REQUEST TELEX CLEARANCE, COST RECOVERED

.....
For FIRST SECRETARY (CONS)