

**FAX**

**TO** : INDEMBSSY/HICOMIN/CONGENDIA \_\_\_\_\_

**FROM** : HICOMIND, COLOMBO \_\_\_\_\_

**Reference No** : \_\_\_\_\_ **Date** \_\_\_\_\_

**(FILL IN BLOCK LETTERS)**

<b>FULL NAME:</b>	
<b>SURNAME :</b>	
<b>FATHER'S NAME :</b>	
<b>SPOUSE'S NAME :</b>	
<b>PLACE OF BIRTH :</b>	
<b>DATE OF BIRTH :</b>	
<b>SEX</b>	
<b>PASSPORT NO :</b>	
<b>PLACE OF ISSUE :</b>	<b>DATE OF ISSUE</b>
<b>PREVIOUS PASSPORT NO :</b>	
<b>PLACE OF ISSUE :</b>	<b>DATE OF ISSUE</b>
<b>DETAILS, IF YOU ARE A DUAL CITIZEN :</b>	
<b>PRESENT NATIONALITY :</b>	
<b>SINCE WHEN YOU ARE RESIDING IN THE COUNTRY OF DOMICILE :</b>	
<b>ADDRESS IN THE COUNTRY OF DOMICILE :</b>	
<b>PRESENT OCCUPATION :</b>	
<b>DATE OF LAST VISIT TO INDIA :</b>	
<b>WHETHER VISA WAS EVER REFUSED? IF YES, PLEASE GIVE DETAILS :</b>	
<b>ADDRESS IN SRI LANKA:</b>	
<b>EXACT PURPOSE OF VISA TO INDIA :</b>	
<b>DURATION:</b>	
<b>NUMBER OF VISITS (SINGLE/DOUBLE/MULTIPE) PROPOSED</b>	

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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**Additional form to be filled up by Sri Lankan nationals / Persons of Sri Lankan an origin  
and Foreign nationals**