

HIGH COMMISSION OF INDIA
KUALA LUMPUR

Tel. No: 00-603 4024 0990
/2200/2211/1010
Email: visa.kl@mea.gov.in

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 : _____
Ppt No,date & 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)