

HIGH COMMISSION OF INDIA
KUALA LUMPUR

FAX NO.00-603-20922752

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 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 _____ NATIONALS _____

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

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

REQUEST TELEX CLEARENCE, COST RECOVERED

for FIRST SECRETARY (CONS)