

VISA REFERENCE FORM

E-MAIL:- visa.muscat@mea.gov.in

(TO BE FILLED IN CAPTIAL LETTERS)

NAME OF THE APPLICANT _____

NAME OF FATHER/SPOUSE _____

NATIONALITY _____

DATE OF BIRTH _____ GENDER _____

PLACE OF BIRTH _____

PASSPORT NUMBER _____

DATE OF ISSUE _____

PLACE OF ISSUE _____

OCCUPATION _____

PERMANENT ADDRESS _____

TYPE OF VISA REQUIRED _____

(SIGNATURE OF APPLICANT)

FOR OFFICE USE ONLY

EMBASSY OF INDIA
MUSCAT
(FAX : 00968-24692791)

FAX MESSAGE NO/MUSCAT/VISA/ _____

DATED :

FORWARDED TO INDEMBASSY/HICOMIND/CONGENDIA _____

TO GRANT VISA TO HIM/HER.COST RECOVERED .IF NO REPLY IS RECEIVED WITHIN 72 HOURS AS PER GOVERNMENT INSTRUCTIONS VISA WOULD BE ISSUED AFTER LOCAL CHECK.

STAMP OF VISA OFFICER