



भारतीय राजदूतावास

EMBASSY OF INDIA
KÄRNTNERRING 2
A-1015 VIENNA, AUSTRIA
Tel.: 505 86 66
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TO BE FILLED IN CAPITAL LETTERS

From: INDEMBASSY VIENNA

To : INDEMBASSY/ HICOMIND/ CONGENDIA

THE FOLLOWING PERSONS HAS APPLIED FOR ----
MONTHS TOURIST/BUSINESS/STUDENT/CONFERENCE
VISA:

NAME:

NATIONALITY:

DATE & PLACE OF BRITH:

OCCUPATION:

PASSPORT NO:

DATE OF ISSUE:

VALID UPTO:

PLACE OF ISSUE:

HOME ADDRESS:

TEL.NO.

(SIGNATURE OF APPLICANT)

REQUEST CONFIRM BY RTN TLX/FAX IF YOU HAVE ANY OBJECTIO TO
ISSUING THE REQUESTED VISA TO THE APPLICANT. IN CASE NO REPLY
IS RECEIVED WITHING 72 HOURS, AS PER GOVERNMENT INSTRUCTIONS
VISA WILL BE ISSUED AFTER LOCAL CHECKS.

FAX NO.

DATE:

COUNSELLOR (CI)