



HIGH COMMISSION OF INDIA

31 Grange Road, India House, Singapore 239702

Telephone: 65-6737 6777 Fax: 65-6732 6909

Website: www.embassyofindia.com

CONSULAR TIMINGS:

(Monday to Friday)

Applications received : 0915 – 1130 hrs

Documents delivered : 1615 – 1715 hrs

Two Colour Photos
of Applicant
(3.5 cm x 5.0 cm)

VISA APPLICATION FORM

- Note:**
1. The passport should be (a) valid for minimum six months and (b) having minimum two blank pages.
 2. Payment by Cash in Singapore Dollars. No refund of any fees/charges.
 3. For Business Visas, business/invitation letter from Indian Companies and recommendation letter from Singapore Company is required.
 4. Before leaving the counter please check your documents.
 5. Incomplete Application Forms Will Not Be Accepted

PLEASE FILL INFORMATION IN BLOCK LETTERS

1. Full Name as in Passport (Please Underline the surname):

(last)

(first)

(middle)

2. Name at Birth (If different):

3. Father's Name & Nationality:

4. Sex:

Marital Status:

5. Spouse's Name & Nationality:

6. Date of Birth: (Day)

(Month)

(Year)

7. Place of Birth:

(City)

(State/Province)

(Country)

8. Current Nationality:

9. Are you a Permanent Resident/EP/WP/DP Holder?

If yes, please furnish photocopy of your IC (For Non-Singaporeans only)

10. Present Address:

Phone(s):

11. Permanent Address:

Phone(s):

12. Profession (Details of Present Employment):

13. Name & Address of Employer:

Phone(s):

14. Passport No:

Date of Issue:

Issued at:

Expiring on:

FOR OFFICE USE ONLY

No. of Visa:

Date of Issue:

Type of Visa:

Validity:

Period of Stay:

No. of Entries:

Visa Fee: S\$

15. Children included in the applicant's passport

(To be filled in only when children are accompanying the applicant)

Name	Place & Date of Birth	Sex	Relationship	Identification Marks
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(i)

(ii)

16. Whether Visa has been refused previously? If so give details:

17. Details of previous visits to India (If any):

18. No. of entries: Single/Double/Multiple

19. Period for which Visa is required: Less than Six months/Six months/One year/Others

20. Purpose of journey: Tourist/Visitor (Visiting Relatives)/Business/Transit/Employment/Educational

Any other: (Please specify):

21. Are you traveling on behalf of a company? Yes/No If yes, please give name and address of company:

22. Place(s) in India proposed to be visited:

23. Place date and time of arrival in India:

Place date and time of departure from India:

24. Names and full addresses of two references:

IN SINGAPORE

(I)

Phone(s):

(II)

Phone(s):

IN INDIA

(I)

Phone(s):

(II)

Phone(s):

I, hereby undertake that I shall utilize my visit to India for the purpose for which visa has been applied and shall not on arrival in India, try to obtain employment or setup business or extend my stay for any other purpose. I fully understand that if any of the particulars furnished above are found to be incorrect or if any of the information is found to be withheld, the visa is liable to be cancelled at any time.

Date: _____

(Signature of the Applicant)

Place: _____



भारतीय हाई कमीशन, सिंगापुर
HIGH COMMISSION OF INDIA
31 Grange Road, Singapore 239702
Tel. No. 0065-67376777
Fax. No. 6732 6909 & 6732 1462
E-mail:-indiahc@pacific.nct.sg
Website:www.embassyofindia.com

NOTE : ADDITIONAL FORM TO BE FILLED IN BY NON SINGAPOREAN NATIONALS IN BOLD AND CAPITAL LETTERS ALONG WITH APPLICATION FORMS

DIRECT VISA SECTION FAX NO. +(65) 6732 1462 DATE _____

FROM: HCI SINGAPORE

TO: CGI/HCI/INDEMBASSY/_____

THE FOLLOWING NATIONAL HAS APPLIED FOR _____

NAME: _____

FATHER'S NAME: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____ NATIONALITY: _____

PASSPORT NO: _____ PLACE OF ISSUE: _____

DATE OF ISSUE: _____ DATE OF EXPIRY: _____

OCCUPATION : _____

SINGAPORE WP/EP/PR (PASS) NO : _____
(If any specify please)

PERMANENT ADDRESS : _____

GRATEFUL FOR "NO OBJECTION" AT THE EARLIEST. IN CASE WE DO NOT HEAR FROM YOU WITHIN 72 HOURS. WE INTEND TO ISSUE VISA TO THE APPLICANT.

Assistant Consular Officer
HIGH COMMISSION OF INDIA
SINGAPORE