

HIGH COMMISSION OF INDIA, LONDON U.K. VISA DEPARTMENT

FAX NO: 0044 207 2406312 / 0044 207 632 3302

TO: HICOMIND, COLOMBO

REF. NO: DATE:

Additional Form to be filled in by Sri Lankan nationals/Persons of Sri Lankan origin. (All in Block Letters)

	(All in Block Lette	<u>ers)</u>
Full Name	·	
Surname		
Father's Full Name		
Spouse's Name		
Place of Birth		
Date of Birth		
Sex		
Sri Lankan passport no		Date of Issue:
Place of issue		
Previous Sri Lankan pass	sport no:	
Place of issue:		Date of Issue:
Present Nationality		
Passport Number		
Place of issue:		Date of Issue:
Date of renewal		
If holding Travel Docu	ment, supply details of	
previous passports		
Details if you are a dual citizen:		
Since when are you residing in country of domicile:		
Address in country of		
domicile		
Present occupation		
Date of last visit to		
India & previous visits		
Whether visa was ever refused. If yes please give details		
Address in Sri Lanka:		
Exact purpose of visi	t to	
India:		
Duration:	1/2: 1 1 1 1 1 1 1 1	
Number of visits propose	ed (Single, double, multipl	e)
		G:
		Signature
The above configure 1	annlied for a visa an	Date
The above applicant has applied for a visa on		
urgent cicarance		

ATTACHE (VISA)