VFS PORTUGAL

	D1 – RESIDENCE VISA FOR THE EXERCISE OF A SUBORDINATED PROFISSIONAL ACTIVITY	Yes	No
1	Filled Visa Application Form (available at https://www.vistos.mne.pt/en/visa-application/apply-for-a-visa).		
2	Passport valid for an additional 3 months following the duration of the intended stay.		
3	Two identical passport photographs, up-to-date and in good condition, allowing proper identification		
4	Travel reservation ensuring the return of the applicant to the home country.		
5	Valid travel insurance covering necessary medical expenses, including emergency assistance and repatriation.		
6	Form authorizing access to Portuguese criminal record consultation by the Immigration and Border Services (Serviço de Estrangeiros e Fronteiras – SEF).		
7	Police Clearance certificate from the applicant's country of origin or country of residency for over one year – the Police Clearance certificate is only considered valid up to three months after the date of issuance. Older PCC's will not be accepted.		
8	Proof of accommodation.		
9	Proof of means of subsistence, which may be produced through a term of responsibility issued by the workers hosting entity.		
10	Work contract or promise of work contract.		
11	Proof that the applicant is qualified to practice the profession, when such profession is regulated in Portugal.		

Note: (1) Applicant could be asked for additional documents or may be called for an Interview if desired by The Embassy of Portugal, New Delhi. (2) The visa fee, according to Schengen regulations, is non-refundable. (3) Carry All documents in Original at the time of interview. (4) National Visas require a consultation of one or more authorities in Portugal, therefore the Embassy and those authorities require at least 30 working days after the visa is submitted or after interview (if the same is requested by the Embassy) to process the visa application.

Name:	Passport No:			
Applicant's Date of Birth:	Interview date:			
Travel Date:	Contact No.			
E-mail Id				
Comments (if any):				
Application Submitted by:	Sign			
VFS Staff: Name	Date:			