HIGH COMMISSION OF INDIA KUALA LUMPUR

FAX NO.00-603-20922752

ADDITIONAL FORM TO BE FILLED IN BY NON RESIDENTS, (IN BOLD CAPITAL LETTERS), ALONG WITH VISA APPLICATION FORM

NAME OF THE APPLICANT	:			
FATHER'S NAME	:			
NATIONALITY	:			
DATE AND PLACE OF BIRTH	:			
PPT. NO., DATE AND PLACE	OF ISSUE:			
OCCUPATION :				
PERMANENT ADDRESS : (In Country of Origin)				
TYPE OF VISA HOLDING FOR	STAY IN MALAYSIA :			
			SIGNATURE OF A	PPLICAN
	FOR OF	FICE USE ONLY		
то :				
REPEAT TO:				
FROM: FIRST SECRETARY ((CONSULAR)			
OUR REF : KUA/CON/40	7/1/2003	DATE:		
THE ABOVE	MENTIONED	NATIONALS		
APPROACHED THIS MISSION	FOR SINGLE/MULTIP	LE ENTRY, TOURIST/I	BUSINESS/ SOCIAL.	
EMPLOYMENT VISA (S) TO IN	IDIA FOR A PERIOD O	F		
REQUEST TELEX CLEARENC	E, COST RECOVERED)		
		fo	r FIRST SECRETARY (CONS)	