ADDITIONAL FORM REQUIRED TO BE FILLED BY DEFENCE PERSONNEL (SERVING/RETIRED) ALONGWITH VISA APPLICATION FOR VISIT TO INDIA

BA NO		-	
Rank		:	
Name		:	
Arms/Services			
Serving/Retired		:	
Date of Birth and Nation	onality	:	
Date of Commission		:	
Date of Seniority Course (for example 31 BMA Short/Long)			
Present Appointment with date of assumption			
Last Two appointment with dates			
Date of Retirement (for retired personnel only)			
Previous visits to India	giving purpose & duration	of visit	:
s Visited	Duration (Dates)		Purpose
Other countries visited	, giving purpose & duration	n of visi	t:
s Visited	Duration (Dates)		Purpose
			1
	Rank Name Arms/Services Serving/Retired Date of Birth and Nation Date of Commission Date of Seniority Course (for example 3 Present Appointment v Last Two appointment Date of Retirement (for Previous visits to India s Visited	Rank Name Arms/Services Serving/Retired Date of Birth and Nationality Date of Commission Date of Seniority Course (for example 31 BMA Short/Long) Present Appointment with date of assumption Last Two appointment with dates Date of Retirement (for retired personnel only) Previous visits to India giving purpose & durations s Visited Duration (Dates) Other countries visited, giving purpose & duration	Rank Name : Arms/Services Serving/Retired : Date of Birth and Nationality : Date of Commission : Date of Seniority : Course (for example 31 BMA Short/Long) : Present Appointment with date of assumption : Last Two appointment with dates : Date of Retirement (for retired personnel only) : Previous visits to India giving purpose & duration of visit s Visited Duration (Dates) Other countries visited, giving purpose & duration of visit

15.

Purpose of the present visit:

Continued

16.	Details of Present	visit	(including	date	of likely	return):	
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Date of	Mode of Travel	Exact Place of	Contact Persons with	Relationship if any
Travel		visit /stay	Address and Tele No.	
Onward Journey				
Return Journey				
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17. Details of persons likely to accompany:

Name of Person(s)	Relationship	Age

Date:	(Signature of the Applicant)
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Notes:

- 1. For Tourism/Pilgrimage, exact places of stay & period must be mentioned. If in a hotel, please mention correct address and contact number of the hotel.
- 2. For Medical treatment proper appointment schedule with doctor is required to be submitted.
- 3. All fields are mandatory. If Not Applicable, please N/A.