



EMBASSY OF INDIA, WARSAW
Consular Section

2 Mysliwiecka Street,

Warsaw 00-459, Poland

Tel. No. +48-22-540 00008

Fax No. +48-22-540 00002

E-mail: consular@indembwarsaw.in

ADDITIONAL FORM TO BE FILLED BY NON-POLISH RESIDENTS (IN BLOCK LETTERS)

TYPE OF VISA REQUESTED : _____

SURNAME : _____

FIRST NAME : _____

MIDDLE NAME(if any) : _____

DATE & PLACE OF BIRTH : _____

PASSPORT NO. : _____

DATE & PLACE OF ISSUE OF PASSPORT : _____

PRESENT NATIONALITY : _____

PREVIOUS NATIONALITY (if any) : _____

PERMANENT ADDRESS IN HOME COUNTRY : _____

DETAILS OF COMPANY IN INDIA TO BE VISITED : _____

(FOR BUSINESS VISA ONLY) _____

PRESENT ADDRESS IN POLAND : _____

E-MAIL ADDRESS : _____

PROFESSION : _____

OFFICE TELEPHONE NUMBER : _____

SIGNATURE OF THE APPLICANT : _____

(FOR OFFICE USE)

Number: _____ Dated: _____

TO: HICOMIND/INDEMBASSY/CONGENDIA _____

WE SHALL BE GRATEFUL IF YOU COULD KINDLY CONVEY YOUR URGENT CLEARANCE/NO
OBJECTION TO ISSUE THE VISA.