



CONSULATE GENERAL OF INDIA
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ADDITIONAL FORM TO BE FILLED IN BY NON RESIDENCE/VISITOR IN USA ALONG WITH VUSA
APPLICATION FORM

TO BE FILLED IN CAPITAL (BLACK INK)

SURENAME/FAMILY NAME: _____

FIRST & MIDDLE NAME: _____

NAME OF FATHER/SPOUSE: _____

NATIONALITY: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PASSPORT NO: _____

DATE OF ISSUE: _____ PLACE OF ISSUE: _____

PROFESSIONAL/OCCUPATION: _____

PERMANENT ADDRESS: _____

TEL NO. _____

PURPOSE OF VISIT: _____

TYPE OF VISA REQUESTED: _____ PERIOD: _____

(FOR PFFICIAL USE ONLY)

DATE: _____

Forwarded to Indembassy/HicomindCongendia _____ with the Request to convey your No Objection to grant of visa to above applicant urgently. If no reply is received within 72 hours of issue of this msg, your clearance shall be presumed and visa issued as per relevant instruction/local check.