Enclose a self addressed envelope with stamps in which your documents will be returned at your own risk. You have the option to collect your documents personally from this Embassy

Visa is valid from the date of issue. No change of dates etc is possible once the visa is issued.

## HELSINKI VISA APPLICATION FORM PART -A (TO BE FILLED BY ALL APPLICANTS)

Please affix one passport size photograph here

Mr. / Mrs. / Miss.	Last Name	First Na	ime	Middle Name	
Previous Name, If any		Father's Name		Husband's Name	
Place of Birth			Date of Birth		
Address	Phone No.				
Email Address :					
Profession (Details of present employment)					
Passport No.		Date	lssued	d at	
Expiring on		_ Social	Security No. :	:	
Children included in the	e applicant's pass	sport :			
(To be filled only when	the children are	accompanying th	e applicant)		
Name	Place & Date of Birth	Sex	Relationship	Identification mark, if any	
Present Nationality				Any other nationality present or previous	
Whether visa has been	refused previous	sly, if so, give det	ails		

Details of previous visits to India, if any

No. of entries	Single	Double	Triple	Period for visa required
				roquirou
Countries from which e into India will be made		(1)	(2)	(3)
Purpose of Journey	Transit / Education	Tourist	Business / any other	Place in India proposed to visited
Approximate date of de	eparture from F	Approximate date of arrival in India		
Port of first entry into I	ndia		Port of final	departure from India
"I hereby unde one month of arrival in				est including for AIDS within ill leave India."
			Signa	ature of the applicant
	0 DE EU LE	PART -		IDIOT MOA)
•		J BY APPLIC	ANTS FOR TO	URIST VISA)
Whether holding valid To Return to India" end	-			
so, give particulars.				
Name and addresses of References :	of two			
In the country of applican	eant: (1)			
	(2)			
In India	(1)			
	(2)			



## PART – C

I hereby underta	ake that I shall utilize my visit to India for the			
purpose for which visa has been applied and shall no	t on arrival in India, try to obtain employment			
or set up business or extend my stay for any other	purpose. I fully understand that if any of the			
particulars furnished above are found to be incorrect or if any of the information is found to be				
withheld, the Visa is liable to be cancelled at any time.				
Date:				
Place:				
	Signature of the applicant			

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