



**CONSULATE GENERAL OF INDIA**  
**5549 Glen ridge Drive NE, Atlanta GA 30342**

**ADDITIONAL FORM TO BE FILLED IN BY NON-US NATIONALS AND NON-RESIDENT/VISITORS IN USA**  
**ALONG WITH VISA APPLICATION FORM**  
**(TO BE FILLED IN BLOCK LETTERS ONLY)**

SURNAME/FAMILY NAME: \_\_\_\_\_

FIRST & MIDDLE NAME: \_\_\_\_\_

NAME OF FATHER/SPOUSE: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

PASSPORT NO: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_

PASSPORT VALID TILL: \_\_\_\_\_ PLACE OF ISSUE: \_\_\_\_\_

PROFESSION/OCCUPATION: \_\_\_\_\_

PRESENT ADDRESS IN USA: \_\_\_\_\_

\_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TEL NO. \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PURPOSE OF VISIT TO INDIA: \_\_\_\_\_

TYPE OF VISA REQUESTED: \_\_\_\_\_ PERIOD REQUESTED: \_\_\_\_\_

\_\_\_\_\_

**(FOR OFFICIAL USE ONLY)**

DATE: \_\_\_\_\_