

FOR OFFICE USE ONLY

(please
affix
photo
here)

EMBASSY OF INDIA
WARSAW
VISA APPLICATION FORM

Important: Please fill in all the columns of the application correctly. Suppression of facts or furnishing of misleading information will result in denial of visa without assigning any reason. An incomplete application is also liable to be rejected.

Uwaga: Proszę o poprawne wypełnienie formularza. Zatajenie faktów lub podanie błędnych informacji doprowadzi do nieudzielenia wizy bez podania przyczyny. Każdy niekompletnie wypełniony formularz również zostanie odrzucony.

Please affix passport size recent coloured photographs
(Two on one form and one on the other)

(please
affix
photo
here)

TO BE FILLED IN DUPLICATE & IN ORIGINAL
(PHOTOCOPY WILL NOT BE ACCEPTED)

PART-A

To be filled in by the applicant

FIRST NAME Imię	MIDDLE NAME Drugie imię	SURNAME Nazwisko
Mr Pan		
Mrs Pani		
Miss Panna		

PREVIOUS SURNAME Poprzednie nazwisko	FATHER'S NAME Imię ojca	HUSBAND'S NAME Imię męża
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DATE OF BIRTH Data urodzenia	DAY Dzień	MONTH Miesiąc	YEAR Rok
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PLACE OF BIRTH Miejsce urodzenia	CITY Miasto	STATE/PROVINCE Województwo	COUNTRY Kraj
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ADDRESS Adres	PHONE NO. Nr telefonu
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PROFESSION Zawód	DETAILS OF EMPLOYMENT Miejsce zatrudnienia
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PASSPORT NO. Seria i nr paszportu	PLACE OF ISSUE Miasto wydania	DATE OF ISSUE Data wydania	DATE OF EXPIRY Data ważności
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CHILDREN INCLUDED IN THE APPLICANT'S PASSPORT
(To be filled in only when the children are accompanying the applicant)
(Dotyczy wyjeżdżających dzieci wpisanych do paszportu)

NAME Nazwisko i imię	DATE & PLACE OF BIRTH Data i miejsce urodzenia	SEX Płeć	RELATIONSHIP Pokrewieństwo	IDENTIFICATIONS Znaki szczególne
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PRESENT NATIONALITY Obecne obywatelstwo	ANY OTHER NATIONALITY (PRESENT OR PREVIOUS) Ewentualne poprzednie obywatelstwo
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DETAILS OF PREVIOUS VISITS TO INDIA, IF ANY
Dane dotyczące poprzednich pobytów w Indiach

WHETHER VISA HAS BEEN REFUSED PREVIOUSLY, IF SO , GIVE DETAILS

Ewentualne odmowy przyznania wizey

NO. OF ENTRIES	Wyjazdy do Indii:	PERIOD FOR WHICH VISA IS REQUIRED	
SINGLE	Jeden	FROM:	TO:
DOUBLE	Dwa	Okres, na który potrzebna jest wiza	
TRIPLE/MULTIPLE	Trzy/Wielokrotnie	od:	do:

COUNTRIES FROM WHICH ENTRY WILL BE MADE

Kraje, z których będzie wjazd do Indii

PURPOSE OF JOURNEY:	Rodzaj podróży:	CITIES IN INDIA
TOURIST	Turystyka	PROPOSED TO BE VISITED
BUSINESS	Praca	Miasta pobytu w Indiach
TRANSIT	Tranzyt	
ENTRY/ANY OTHER	Inne	

APPROXIMATE DATE OF DEPARTURE	APPROXIMATE DATE OF ARRIVAL IN INDIA
Data wyjazdu z Polski	Data wjazdu do Indii

PORT OF FIRST ENTRY INTO INDIA	PORT OF FINAL
Port przylotu w Indiach	DEPARTURE FROM INDIA
	Port odlotu z Indii

DECLARATION TO BE MADE BY APPLICANTS SEEKING TO STAY IN INDIA FOR ONE AND MORE THAN ONE YEAR.

Zobowiązanie zrobienia testu na AIDS. Dotyczy osób, które będą przebywać w Indiach dłużej niż rok.

I hereby undertake that I shall subject myself to a medical test including for AIDS within one month of arrival in India. In case I am found positive for AIDS I will leave India.

Signature of applicant
Podpis zobowiązującego się

PART B

I hereby undertake that I shall utilise my visit to India for the purpose for which visa has been applied and shall not on arrival in India try to obtain employment or set up business or extend my stay for any other purpose. I fully understand that 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 any time.

Date
Data

Signature of applicant
Podpis

PART C (NOT TO BE FILLED BY APPLICANTS FOR TOURIST VISA)

Whether holding valid * NO OBJECTION TO RETURN TO INDIA* endorsement and if so give particulars.

NAME AND ADDRESS OF TWO REFERENCES: Dotyczy wizey BUSINESS

In the country of applicant:	(1)
Nazwa i adres firmy w Polsce:	(2)
In India	(1)
Nazwa i adres firmy w Indiach:	(2)

Additional Form to be filled by Business Visa Applicants

NAME :

COMPANY NAME :

POSITION :

COMPANY ADDRESS :

TELEPHONE :

FAX :

EMAIL :

SIZE (Employees) : Under 20, 20-100, 100-500, 500-2500, 2500+

INDUSTRY:

- | | | |
|--|---|--|
| <input type="checkbox"/> Agriculture & Allied Products | <input type="checkbox"/> Automobile | <input type="checkbox"/> Carpets |
| <input type="checkbox"/> Chemicals & related | <input type="checkbox"/> Electronics/Computers | <input type="checkbox"/> Engineering Goods |
| <input type="checkbox"/> Gemstones & Jewellery | <input type="checkbox"/> Handicrafts & Giftware | <input type="checkbox"/> Herbal/Natural |
| <input type="checkbox"/> Leather | <input type="checkbox"/> Marine Products | <input type="checkbox"/> Ores & Minerals |
| <input type="checkbox"/> Petroleum Products | <input type="checkbox"/> Pharmaceuticals/Drugs | <input type="checkbox"/> Software |
| <input type="checkbox"/> Services/Business Processes | <input type="checkbox"/> Sports Goods | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Stone (Rough & Processed) | <input type="checkbox"/> Textile/Garments/Furnishings | |
| <input type="checkbox"/> Others (Please specify) | : <input type="text"/> | |

PRODUCTS OF INTEREST :

INDIAN COMPANIES YOU ARE MEETING (Name & Address) :

Date:

Signature