



**भारत का राजदूतावास**

EMBASSY OF INDIA

VIA XX SETTEMBRE, 5

00187 ROME (ITALY)

CABLE: INDEMBASSY, ROME

TELEX: 611274 INDEB 1

TEL. 06-4884642/43/44/45

TELEFAX: 0039-06-42013078

(VISA/ CONSULAR SECTION)

**FAX MESSAGE**

**Additional Form to be filled up by Non-Residents of Italy**  
**(TO BE FILLED IN CAPITAL LETTERS WITH BLACK PEN)**

NAME OF THE APPLICANT : \_\_\_\_\_  
(Surname to be underlined)

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

FATHER'S NAME WITH  
NATIONALITY: \_\_\_\_\_

SPOUSE'S NAME WITH  
NATIONALITY (If married): \_\_\_\_\_

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

PASSPORT NO.: \_\_\_\_\_

DATE & PLACE OF ISSUE: \_\_\_\_\_

PERMANENT ADDRESS : \_\_\_\_\_  
(In the country of origin)

PROFESSION: \_\_\_\_\_

PURPOSE OF VISA: \_\_\_\_\_

TYPE/ AND PERIOD OF VISA APPLIED: \_\_\_\_\_

Signature of Applicant

(FOR OFFICIAL USE ONLY)

DATED.....

FORWARDED TO INDEMBASSY/ HICOMIND/ CONGENDIA .....  
WITH THE REQUEST TO CONFIRM PARTICULARS AND COMMUNICATE OBJECTION, IF  
ANY, TO GRANT VISA TO HIM/ HER. COST RECOVERED. IF NO REPLY RECEIVED  
WITHIN 72 HOURS (3 WORKING DAYS), AS PER GOVERNMENT INSTRUCTIONS, VISA  
WILL BE ISSUED AFTER LOCAL CHECKS.

ASSTT. CONSULAR OFFICER