

India Tourist Visa Application



IMPORTANT: Please enter your contact information

Name:

E-mail:

Tel:


Mobile:

The latest date you need your passport returned in time for your travel:



India tourist visa checklist

- Filled out and signed India tourist visa application form.** The form is enclosed.
- Original passport.** Passport must have at least 6 months remaining validity and have at least 1 visa page.
- 1 Photographs.** Standard passport photographs 2 x 2 inches on white background.
- Payment.** Credit Card Authorization form, Certified Check, or Money Order payable to VisaHQ.ca.
- Return mailer.** Prepaid self-addressed return label or payment for FedEx.

 If you wish to prepay return shipping, please add the shipping fee to the total and provide the return shipping address:

- FedEx 2nd day delivery - add CAD \$25
- FedEx Priority Overnight - add CAD \$30
- FedEx First Overnight - add CAD \$40
- FedEx Saturday delivery - add CAD \$65

Name:

Company:

Address:

City:

State:

Zip:

India tourist visa fees for citizens of Canada

Type of visa	Max. validity	Embassy fee	Our fee	Processing time	Total
Multiple entry	up to 180 days	CAD \$62.00	CAD \$79.95	5 business days	CAD \$141.95

Credit Card Authorization Form

I authorize VisaHQ.ca to charge my credit card for the amount of \$

Name on the Credit Card:

Credit Card number: - - - Exp. date: /

Credit Card Billing Address:

Signature:

Comments:

Thank you!
We accept all major credit cards.



HIGH COMMISSION OF INDIA

10, Springfield Road, Ottawa, Ontario K1M 1C9
Telephone: (613) 744-3751/3Fax: (613) 744-0913
(Website: ww.hciottawa.ca) (E-Mail: consular@hciottawa.ca)

Consular hours: 0930-1230 hrs
Pick up time : 4.30-5.30 pm

INDIAN VISA APPLICATION FORM - OFFICIAL

(PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM)

- 1. Name in full Mr./ Mrs./ Miss
(Block Letters)
(first) (middle) (last)
- 2. Previous Name, if any.....
- 3. Father's Name & Nationality.....
- 4. Mother's Name & Nationality.....
- 5. Spouse's Name & Nationality.....
- 6. Date of Birth. (Day).....(Month).....(Year).....
- 7. Place of Birth
(City) (State/Province) (Country)
- 8. Present Address.....
.....
Emergency Telephone Number.....E-Mail ID.....
- 9. Profession
- 10. Name & address of employer.....
.....
- 11. Passport No.....Date.....Issued at.....Expiring on.....
- 12. Children included in the applicant's passport (To be filled in only when children are accompanying the applicant)
Name Place & date of Birth Sex Relationship Identification Marks (if any)
(i)
(ii)
- 13. Present nationality.....
- 14. Previous nationality
- 15 Whether visa has been refused previously? If so give details.....
- 16. Details of previous visit to India (If any).....

PASTE/STAPLE
ONE
RECENT
PASSPORT
SIZE
PHOTOGRAPH
HERE PLEASE
(Black & White
or Colour 3.5 cm
X 4 5 cm)

17. Period for which visa is required: (3-6 months, 1-5 years).....

18. Purpose of journey: (Tourist/Visitor (Visiting relatives)/Business/Transit/education/employment/conference

(Please give details):.....

19. Place(s) in India proposed to be visited

20. Approximate date of departure from Canada.....

Date of Departure from India.....

21. Names and full addresses:

IN CANADA

(I)..... (Ph .No.....)

.....

.....

(II)..... (Ph .No.....)

.....

.....

IN INDIA

(I)..... (Ph .No.....)

.....

.....

(II)..... (Ph .No.....)

.....

22. I, hereby undertake that I shall utilize 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 setup 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.

DECLARATION TO BE MADE BY APPLICANTS SEEKING TO STAY IN INDIA FOR MORE THAN 1 YEAR

"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."

COLLECTION/MAILING INSTRUCTIONS (Please specify):

() Pick up at the counter () mail as per attached envelope () Paid for mailing

Tel : ()..... Res. ()..... Bus. Fax: ()..... E-mail ID.....

Place _____ Date _____ (Signature of the applicant)