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**HIGH COMMISSION OF INDIA, LAGOS**  
**VISA APPLICATION FORM (photocopy acceptable)**

**VISA REQUIREMENTS:**

1. **General:** This form should be accompanied with a Passport valid for at least 6 months, two passport size photographs, visa fee, return air ticket with a copy, valid Yellow Fever Vaccination Certificate.
2. **Business Visa:** Letter of invitation from the Indian company, original Company Incorporation Certificate with a copy and any relevant documents relating to past business in India. Interview may be required.
3. **Student Visa:** Proof of admission in recognized educational institute in India is required. For special technical courses, a no objection certificate from Ministry of Education, Government of India, and for medical courses, a no objection certificate from the Ministry of Health, Government of India is required. An affidavit from the Parent/Guardian that they will be responsible for regular remittance of funds to the student to continue his study in India and evidence of adequate funds or traveler's cheques/BTA for at least first four months sustenance in India is required. All students are advised to seek extension of their stay in India from Foreigners' Regional Registration Office concerned.
4. Visa applications are received Monday to Friday from 9.00 AM to 11.00 AM.

PLEASE PASTE ONE PASSPORT  
SIZE PHOTOGRAPH HERE  
AND STAPLE AN ADDITIONAL  
PHOTOGRAPH ALONGSIDE

**If any of the particulars furnished below are found to be incorrect, or if any information is found to have been withheld, the visa is liable to be cancelled at any time. Application should be neatly filled in and signed by the applicant.**

**PART – A** (TO BE FILLED BY ALL APPLICANTS FOR VISA)

(Mr.)/(Mrs.) Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Previous Names (if any) \_\_\_\_\_ Father's Name (in full) \_\_\_\_\_

Husband's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ (City) \_\_\_\_\_ (State/Province) \_\_\_\_\_ (Country)

Date of Birth \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

Address \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Profession \_\_\_\_\_ Details of present employment \_\_\_\_\_

Passport No. \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued By \_\_\_\_\_ Expiring On \_\_\_\_\_

**Details of accompanying children, whose names are included in the applicant's passport:**

Name	Place & Date of Birth	Sex	Relationship	Identification mark if any
1.				
2.				
3.				

Present Nationality \_\_\_\_\_ Any other Nationality (present or previous) \_\_\_\_\_

Whether visa has been refused previously? \_\_\_\_\_ If so, give details \_\_\_\_\_

Details (dates) of previous visits to India, if any \_\_\_\_\_

No. of entries (please circle):    **Single**                      **Double**                      **Triple/Multiple**

Period for which visa is required: \_\_\_\_\_

Countries from which entry into India will be made:(1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)\_\_\_\_\_

Purpose of Journey (please circle):    **Transit**                      **Tourist**                      **Business**                      **Education**

Any other purpose (specify) \_\_\_\_\_

Places in India proposed to be visited: \_\_\_\_\_

Approximate date of departure \_\_\_\_\_ Approximate date of Arrival \_\_\_\_\_

**DECLARATION TO BE MADE BY APPLICANTS SEEKING TO STAY IN INDIA FOR MORE THAN ONE 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 of AIDS I will leave India.

\_\_\_\_\_  
*(Signature of Applicant)*

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**PART- B**

Whether holding valid "No objection to Return to India" endorsement and if so, give particulars:

Names and addresses of two referees:

**In the country of applicant** (1)

(2)

**In India** (1)

(2)

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**PART - C**

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 if any of the particulars furnished above are found to be incorrect or if any information is found to have been withheld, the visa is liable to be cancelled at any time)

Date:

\_\_\_\_\_  
*(Signature of applicant)*

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**FOR OFFICIAL USE ONLY**

1. No. and type of visa issued:
2. Amount of visa fee received:
3. Date on which passport returned to applicant: