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ADDITIONAL FORM TO BE FILLED BY NON-NORWEGIAN NATIONALS  
ALONG WITH VISA APPLICATION FORM

**TO: CONSULAR OFFICER,  
EMBASSY/HIGH COMMISSION OF INDIA** \_\_\_\_\_

Please convey clearance/objection if any for grant of visa to the following applicant within 72 hours, after which visa will be issued after local checks as per Government instructions.

**PLEASE WRITE IN CAPITAL LETTERS**

NAME OF APLICANT (MR/MRS/MS)

\_\_\_\_\_

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

PASSPORT NUMBER: \_\_\_\_\_

DATE AND PLACE OF ISSUE OF PASSPORT: \_\_\_\_\_

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

OCCUPATION AND ORGANISATION: \_\_\_\_\_

TYPE OF VISA: \_\_\_\_\_

Address: Permanent \_\_\_\_\_ Tel Nos. \_\_\_\_\_

Present \_\_\_\_\_ Tel Nos. \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**Consular Officer's signature**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_

\_\_\_\_\_