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**EMBASSY OF INDIA
PANAMA**

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Fax: (507)264-2855
Telex: 2273 INDEM PG
E-mail: indempan@panama.c-com.net



PHOTO 2 copies (One to be pasted here and other to be stapled to the form)

VISA APPLICATION FOR INDIA

Note: Please carefully read the instructions given below before filling up the forms

- (i) Please fill in all columns, striking out those not applicable. No columns should be left blank
- (ii) Outstation applicants should first fax copy of visa application and supporting documents for processing. Passport and visa fee should be sent only after receiving confirmation from the Embassy
- (iii) No cash should be sent by post/courier. Outstation applicants should send bank draft payable at Panama in favour of Embassy of India.

1. NAME IN FULL

2. PREVIOUS NAME/SURNAME, IF ANY

3. FATHER'S/SPOUSE'S NAME

4. (a) DATE OF BIRTH

(b) PLACE OF BIRTH

5. PRESENT ADDRESS

TEL.NO.

FAX NO.

6. PROFESSION	DETAILS OF PRESENT EMPLOYMENT
7. (a) PASSPORT No.	(b) ISSUED BY AT
7. (a) DATE OF ISSUE	(d) DATE OF EXPIRY
8. PRESENT NATIONALITY	(a) ANY OTHER NATIONALITY, PRESENT OR PREVIOUS

9. HAS VISA BEEN REFUSED PREVIOUSLY, IF SO, GIVE DETAILS

10. IF PREVIOUSLY VISITED INDIA, GIVE DATE/PLACES
Dates: _____ Places: _____

11. (a) NUMBER OF ENTRIES REQUIRED SINGLE/DOUBLE/ TRIPLE/MULTIPLE	(b) PERIOD FOR WHICH VISA IS REQUIRED
(c) PLACES IN INDIA TO BE VISITED	(d) DATE OF ARRIVAL IN INDIA

12. PURPOSE OF JOURNEY

**TRANSIT
BUSINESS
OTHER**

**TOURIST
FAMILY VISIT**

NOTE: If applying for business/conference/training visa, please attach copy of invitation letter from the concerned organisation in India

13. ANY OTHER RELEVANT INFORMATION

14. NAME & ADDRESS OF TWO REFERENCES IN THE COUNTRY OF APPLICANT

1. _____ **Tel. No.** _____
_____ **Fax No.** _____

2. _____ **Tel. No.** _____
_____ **Fax No.** _____

IN INDIA

1. _____ **Tel. No.** _____
_____ **Fax No.** _____

2. _____ **Tel. No.** _____
_____ **Fax No.** _____

15. ARRANGEMENT FOR COLLECTION OF VISA/PASSPORT (TICK ONE)

(i) At the counter

(ii) Through courier or collect basis

DECLARATION

I, _____ hereby undertake that I shall utilize my visit to India for 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 of the information is found to be withheld, the visa is liable to be cancelled at any time.

Date: _____

Place: _____

Signature

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 for AIDS, I will leave India.

Date: _____

Place: _____

Signature