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EMBASSY OF INDIA, STOCKHOLM (SWEDEN)
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VISA CLEARANCE FORM
TO BE FILLED BY NON-SWEDISH, NON-LATVIAN NATIONALS, IN ADDITION TO 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 APPLICANT	FIRST NAME: SURNAME:
NATIONALITY	
DATE AND PLACE OF BIRTH	
PASSPORT NUMBER	
DATE AND PLACE OF ISSUE OF PASSPORT	
OCCUPATION AND ORGANIZATION	
TYPE OF VISA	
DATE OF DEPARTURE FOR INDIA	

Consular Officer's signature
Date: