

सत्ययेव जबने

भारत का राजदूर्तावास

EMBASSY OF INDIA ROME VIA XX SETTEMBRE, 5 00187, ROME, ITALY TEL. 06 4884642 -43 -44 FAX: 0039-06-482-4252

FAX: 0039-06-482-4252 cons.wing@indianembassy.it

FAX/E-MAIL

Date:
(TO BE FILLED IN CAPITAL LETTERS WITH BLACK PEN)
NAME OF THE APPLICANT:
(Surname to be underlined)
NATIONALITY:
FATHER'S NAME WITH
NATIONALITY:
SPOUSE NAME WITH
NATIONALITY (If Married):
DATE & PLACE OF BIRTH:
PASSPORT NO.:
DATE &PLACE OF ISSUE:
SECOND PASSPORT NO. (If any):
DATE &PLACE OF ISSUE:
PERMANENT ADDRESS:
(In the country of origin)
PRESENT ADDRESS:
PURPOSE / AND PERIOD OF VISA APPLIED:
SIGNATURE OF THE APPLICANT:
SIGNATURE OF THE APPLICANT: (For Official use only)
FORWARDED TO INDEMRASSY/HICOMIND/CONGENDIA

ASSTT.CONSULAR OFFICER

I declare I travel for tourism and:	
	I have never had a previous passport (non ho mai avuto un passaporto prima)
	I have annulled and given back to the Police station my previous passport (ho annullato tramite la Polizia il mio vecchio passaporto)
	(chi ha passaporto emesso negli ultimi 12 mesi mette una X vicino voce interessata)
	Firma
	x