



Harmonised application form

## Application for Schengen Visa

This application form is free

PHOTO

Family members of EU, EEA or CH citizens or of UK nationals who are beneficiaries of the EU-UK Withdrawal Agreement shall not fill in fields No 21, 22, 30, 31 and 32 (marked with \*).

Fields 1–3 shall be filled in in accordance with the data in the travel document.

1. Surname [family name] : <b>MUNDAKKALVILA RADHAKRISHNA PILLAI</b>				<b>For official use only</b>  Date of application : <b>14/11/2025</b> Application number : <b>FRA1MC20257 068036</b>  Application lodge at : <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (name) : <input type="checkbox"/> Other :  File handled by :  Supporting documents : <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other :  Visa decision : <input type="checkbox"/> Refused <input type="checkbox"/> Issued <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LVT  Valid :  From ..... ..... Until..... ..... Number of entries : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days : .....	
2. Surname at birth [former family name(s)] :					
3. First name(s) [given name(s)] : <b>Rahul Krishnan</b>					
4. Date of birth (day-month-year) : <b>28/09/1993</b>		5. Place of birth : <b>KOTTARAKARA, KERALA</b>		7. Current nationality : <b>Indian</b>  Nationality at birth, if different :  Other nationalities :	
		6. Country of birth : <b>India</b>			
8. Sex : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		9. Civil status : <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Registered partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (specify) :			
10. Parental authority (in case of minors)/legal guardian (surname, first name, address, if different from applicant's, telephone No, email address, and nationality) :					
11. National identity number, where applicable :					
12. Type of travel document : <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify) :					
13. Number of travel document : <b>W5931559</b>		14. Date of issue : <b>19/10/2022</b>		15. Valid until : <b>18/10/2032</b>	
				16. Issued by (country) : <b>India</b>	
17. Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable :					
Surname (family name) :		First name(s) [given name(s)] :			
Date of birth (day-month-year) :      Nationality :      Number of travel document or ID card :					



18. Family relationship with an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable : <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Dependent ascendant <input type="checkbox"/> Registered partnership <input type="checkbox"/> Other	
19. Applicant's home address and email address : FLAT 4, 39 SCARISBRICK NEW ROAD, ASHSTREET PR8 6PE SOUTHPORT United Kingdom rahulshivsdpm@gmail.com	
Telephone no : +44 7385292041	
20. Residence in a country other than the country of current nationality : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes : Residence permit or equivalent    N° ..S2C.JAN.65K.....    Valid until ..25/08/2027.....	
* 21. Current occupation : Other : Colleague	
* 22. Employer and employer's address and telephone number. For students, name and address of educational establishment : TESCO EXTRA TOWNLANE KEW, PR8 5JH, SOUTHPORT United Kingdom, +44 345 677 9628, 3193@uk.tesco.com	
23. Purpose(s) of the journey : <input checked="" type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify) :	
24. Additional information on purpose of stay :	
25. Member State of main destination (and other Member States of destination, if applicable) : France	26. Member State of first entry : France
27. Number of entries requested : <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input checked="" type="checkbox"/> Multiple entries Intended date of arrival of the first intended stay in the Schengen area : 07/12/2025 Intended date of departure from the Schengen area after the first intended stay : 09/12/2025	
28. Fingerprints collected previously for the purpose of applying for a Schengen visa : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    Date, if know : .....    Number of the visa, if know : .....	
29. Entry permit for the final country of destination, where applicable : Issued by....., valid from.....until.....	
* 30. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s) :  AU ROYAL MAD	

Address and email address of inviting person(s)/hotel(s)/temporary accommodation(s) :		Telephone no :
68 RUE SEDAIN, 11TH ARR., 75011, PARIS France 6113216080-hqn5.zz8h.wdnf.x5tp@property.booking.com		+33 1 43 57 70 50
* 31. Name and address of inviting company/organisation :		Telephone no of company/organisation :
Surname, first name, address, telephone no, and email address of contact person in company/organisation :		
* 32. Cost of travelling and living during the applicant's stay is covered :		
<input checked="" type="checkbox"/> by the applicant  Means of support : <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input checked="" type="checkbox"/> Pre-paid accommodation <input checked="" type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (specify) :		<input type="checkbox"/> by a sponsor (host, company, organisation), please specify : <input type="checkbox"/> referred to in field 30 or 31 <input type="checkbox"/> Other (specify) :  Means of support : <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (specify) :
33. Surname and first name of the person filling in the application form, if different from the applicant :		
Address and email address of the person filling in the application form :		Telephone no :



I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is issued

I am aware of the need to have adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the application; and any personal data concerning me which appear on the application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into and stored in the Visa Information System (VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data are : Ministère de l'Intérieur (Place Beauvau -75800 Paris CEDEX 08) et le Ministère de l'Europe et des Affaires Etrangères (27 rue de la Convention -75732 PARIS Cedex 15).

I am aware that I have the right to obtain, in any of the Member States, notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the Member State concerned. The national supervisory authority of that Member State [ **Commission Nationale de l'Informatique et des Libertés – 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07** ] will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 6(1) of Regulation (EU) 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date :

14/11/2025 14:45:38 (hour of Manchester)

Signature of applicant (signature of parental authority/legal guardian, if applicable) :



# France-Visas

The official website for visa application to France

## Registration receipt

On 14/11/2025, your information has been recorded by the France-Visas system.

Reference of the application : FRA1MC20257068036

Last name/s : MUNDAKKALVILA RADHAKRISHNA PILLAI

First name/s: Rahul Krishnan

Birth date (DD/MM/YYYY): 28/09/1993



\*FRA1MC20257068036\*

## REQUIRED SUPPORTING DOCUMENTS TO SUBMIT YOUR APPLICATION

The day of your appointment, thank you for coming with originals and copy of all documents listed below, translated into French / English or Spanish (if accepted by the visa center)\*.

If you are a student and have scanned all your supporting documents, please bring the originals of the documents listed below only.

### FORMS

- ☐ Signed and dated application form
- ☐ Receipt France-Visas

### PRE-REQUISITES

- ☐ A travel document, issued less than 10 years ago, containing at least two blank pages, with a period of validity at least 3 months longer than the date on which you intend to leave the Schengen Area or, in the case of a long stay, at least three months longer than the expiry date of the visa requested. Be sure to transmit (scan) the identity page of your travel document as well as ALL PAGES containing visas, entry and exit stamps or any other inscription.
- ☐ ID photograph.
- ☐ If you are not a British National: proof that you are legally resident in the UK : Biometric residence permit AND a printed copy of your current immigration status displaying your photo as well as a printed copy of the share code (documents printed from your UKVI account).
- ☐ If you have an official travel document, a note verbale is required.

### PURPOSE OF TRAVEL/STAY

- ☐ Proof of travel. A confirmed return ticket to France (plane, ferry, bus, etc...).
- ☐ Reservation confirmation of an organised trip or any other document describing the planned programme.

## SOCIO-PROFESSIONAL SITUATION

☐

Employee : recent signed official letter from your employer, and/or payslips for the last three months. Self-employed : Recent letter from your accountant, banker or solicitor, specifying your professional independent activity or the ownership of a company in the UK + Letter from the British financial authorities. Students : recent signed official letter from your school or University in the UK.

\*CF informations locales / CF local information.

## FUNDS

☐

Last 3 months worth of bank statements (UK current account) showing your full name and address, and proving that you have enough funds for the whole duration of the trip, or traveller's cheques presenting the same guarantees. If you are financially sponsored by your spouse/partner : marriage certificate and bank statements of your spouse/partner.

## ACCOMMODATION

☐

Hotel booking OR rental agreement, showing your full name as well as dates and address of stay, OR "Attestation d'accueil" (original Cerfa form, not a copy) issued by the local town hall of your host's place of residence in France, OR booking confirmation from a travel agency.

## TRAVEL HEALTH INSURANCE

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Travel health insurance certificate covering all members States of the Schengen area. Minimum coverage of medical costs: at least 30 000 € (cf FAQ).

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**APPLICABLE VISA FEE**

On the day of your appointment, you will have to pay the application fee of : 90.00 €\*\*, or about 79.23 POUND STERLING.

What currency is accepted? What are the payment method types? Please read the Fees section after choosing the pages specific to your local. You will find information on the fees and, more generally, the most accurate information for your visa application. In the case where the submission of your application is made with a service provider, service fees will be collected.

\* Please note : if any documents are missing, this may lead to the non-issuance of the visa you have applied for. The visa center reserves the right to ask for further documentation and information.

\*\* This amount is for informational purposes only. Certain individual cases may give rise to different prices, in accordance with applicable regulations.