



**HIGH COMMISSION OF INDIA,**  
**KUALA LUMPUR**

**FAX NO: 00-603-2092 2752**

**ADDITIONAL FORM TO BE FILLED IN BY NON-RESIDENTS, (IN BOLD CAPITAL LETTERS)**  
**ALONG WITH VISA APPLICATION FORM**

NAME OF THE APPLICANT : \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_

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

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

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

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

OCCUPATION : \_\_\_\_\_

PERMANENT ADDRESS : \_\_\_\_\_  
(In Country of Origin)

TYPE OF VISA HOLDING FOR STAY IN MALAYSIA: \_\_\_\_\_

.....  
SIGNATURE OF APPLICANT

**FOR OFFICE USE ONLY**

TO : \_\_\_\_\_

REPEAT TO: \_\_\_\_\_

FROM: FIRST SECRETARY (CONSULAR)

OUR REF : KUA/CON/407/1/2003

DATE: \_\_\_\_\_

THE ABOVE MENTIONED \_\_\_\_\_ NATIONAL \_\_\_\_\_

APPROACHED THIS MISSION FOR SINGLE/MULTIPLE ENTRY / TOURIST / BUSINESS / SOCIAL /

EMPLOYMENT VISA (S) TO INDIA FOR A PERIOD OF \_\_\_\_\_

REQUEST TELEX CLEARANCE, COST RECOVERED

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For FIRST SECRETARY (CONS)