

STAMP

Schengen Visa Application

This application form is free of charge

PHOTO							

1. Surname (Family name) (x)	FOR OFFICIAL USE ONLY		
2. Surname at birth (Former family name(s)) (x			
2 5: (2)(6: (2)(7)	Date of application:		
3. First name(s) (Given name(s)) (x)			
4. Date of birth 5. Place of	f birth 7.	Current nationality	Visa application number:
(day-month-year))	ERABAD	INDIAN	
10-04-1991 6. Country	y of birth Na NDIA	ationality at birth, if different:	Application lodged at: Embassy/consulate
8. Sex 9. Marital		☐ CAC	
Male Female Si	ed Separated v(er)	Service provider	
		Commercial intermediary Border	
		Border Name:	
10. In the case of minors: Surname, first name, ad parental authority/legal guardian	dress (if different from	applicant's) and nationality of	Other
	File handled by:		
11. National identity number, where applicable			Supporting documents:
12. Type of travel document	Travel document		
Ordinary passport Diplomatic passpo		ort 🔲 Official passport	☐ Means of subsistence
Special passport Other travel documents	ment (please specify)		Invitation
13. Number of travel 14. Date of issue	15. Valid until	16. Issued by	☐ Means of transport ☐ TMI
document	22 REPUBLIC OF	Other:	
document K8599236 17. Applicant's home address and e-mail address	03-12-20	INPIA	
17. Applicant's home address and e-mail address	No on o	Telephone number(s)	Visa decision:
8-3-228/1280/448, Jawana	Vilagav,	7207201899	Refused
8-3-228/1280/448 Jawaha Yousunguda, Hydevahad 18. Residence in a country other than the country	of current nationality		☐ Issued:
No.			C
Yes. Residence permit or equivalent	LTV		
* 19. Current occupation SOFTWARE	☐ Valid:		
* 20. Employer and employer's address and telepho	From:		
educational establishment. CAPGEMINI	Until:		
GACHBOWLI, HYDERABAD, - 50004.			
21. Main purpose(s) of the journey: Tourism Business V	Number of entries:		
Sports Official visit M	1 2 Multiple		
Transit Airport transit O	Number of days:		
22. Member State(s) of destination	23. Member State	e of first entry	
NETHERLANDS			

^{*} The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

24.	Number of entries requested Single entry Two entries Multiple entries		25.	25. Duration of the intended stay or transit Indicate number of days					
26.									
27.	□ No □ Yes. Date, if known: 05-03-2018								
28.									
29.	Issued by			30. Intended date of departure from the Schengen area					
* 31. 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)									
	ess and e-mail address of inviting person nmodation(s)	s(s)/hotel(s)/temporary		Telephone	and telefax				
* 32.	Name and address of inviting company	/organisation		Telephone	and telefax of company/organisation				
	CAPGEMINI, NETHE	ERLANDS		0306631763					
* 33. Cost of travelling and living during the applicant's stay is covered									
	By the applicant himself/herself			By a sponsor (host, company, organisation), please specify Referred to in field 31 or 32 Other (please specify)					
Means of support Cash Traveller's cheques Credit card Pre-paid accommodation Pre-paid transport Other (please specify)			Means of support Cash Accommodation provided All expenses covered during the stay Pre-paid transport Other (please specify)						
34.	Personal data of the family member wh	no is an EU, EEA or CI	I citizen						
Surna	Surname:			First name(s):					
Date	of birth	Nationality			Number of travel document or ID card				
35.	35. Family relationship with an EU, EEA or CH citizen								
	Spouse	Child	Grandchil	d [Dependent ascendant				
36.	Place and date HYPERABAP 16/05/2018	HYDERABAD							

^{*} The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

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

Applicable in case a multiple-entry visa is applied for (cf. field no 24):

I am aware of the need to have an 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 visa application; and any personal data concerning me which appear on the visa 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 visa 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)¹ 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 is: Ministry of Foreign Affairs, Consular Affairs and Visa Policy Department (DCV), Postbus 20061, 2500 EB DEN HAAG.

1 am aware that 1 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 1 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 State concerned. The national supervisory authority of that Member State [Autoriteit Persoonsgegevens, Postbus 93374, 2509 AJ DEN HAAG] 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 5(1) of Regulation (EC) No 562/2006 (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

HYDERABAD 16/05/2018 Signature

(for minors, signature of parental authority/legal guardian):

N. shire typen

Insofar as the VIS is operational.