EMBASSY OF INDIA DAMASCUS

(Tele No.00-963-3347351/7352/7900, FAX NO. 00-963-11-3345711/3347912) E-mail: cons.damascus@mea.gov.in

FAX MESSAGE

ADDITONAL FORM TO BE FILLED UP (<u>IN CAPITAL LETTERS</u>) BY NON-SYRIANS/FOREIGN VISITORS ALONG WITH VISA APPLICATION FORM.

Name		_
Nationality		-
Father's Name		_
Spouse's Name		_
Place of birth	Date of Birth	-
Passport No	Date of Issue	_
Place of Issue	Valid up to	-
Profession		_
Type of Visa Required		-
If applying for Business Visa, Given	e details of:	_
		_
	ır own country	
Permanent Address (in the countr	ry of origin)	
	Signature of the applicant	
Forwarded to INDEMBASSY/h	For Office use only HIGHCOMINS/CONGENDIA	-
•	particulars and communicate objection, if any, to Cost recovered. If no reply is received within 72	_

with the request to confirm particulars and communicate objection, if any, to grant of Visa to the above applicant. Cost recovered. If no reply is received within 72 working hours, it will be presumed that you have no objection and visa will be issued as per government instructions.