



International Visa Services Europe GmbH

Indian Visa Application Centre
Prinzregentenstrasse 120
81677 München
Website: www.ivs-germany.com

eMedical Visa Order-Application Form

Short Term Medical Treatment of Self

APPLICANT NAME AND SURNAME *

Prefix First Name Last Name

ADDRESS DETAILS *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

CITIZENSHIP / NATIONAL ID NUMBER

Please provide your Citizenship / National ID

ANY OTHER VALID PASSPORT / IDENTITY CERTIFICATE HELD EXCEPT THE ONE APPLYING WITH?

Country of Issue

Passport / IC
Number

Date of Issue

Place of Issue

Nationality
mentioned therein

EMAIL ID *

Please provide your Email ID: example@example.com

PHONE NUMBER

Area Code Phone Number

MOBILE PHONE NUMBER

Area Code Phone Number

EXPECTED DATE OF ARRIVAL *



Day Month Year

EDUCATION QUALIFICATION *

Please choose your Education Qualification

RELIGION *

Please choose your Religion

HAVE YOU LIVED FOR AT LEAST 2 YEARS IN THE COUNTRY WHERE YOU ARE APPLYING VISA? *

NO YES

DID YOU ACQUIRE YOUR NATIONALITY BY BIRTH OR BY NATURALIZATION? If By Naturalization, please enter previous nationality. *

BY BIRTH

FATHER DETAILS. Please provide details even if deceased. *

Name and Surname

Current Nationality

Previous

Nationality

Place of Birth

Country of Birth

WERE YOUR PARENTS / GRANDPARENTS PAKISTAN NATIONALS OR BELONG TO PAKISTAN HELD AREA? If YES, please provide details. *

NO

OCCUPATION DETAILS *

Present Occupation

Employer Name /

Business

Designation

Address

Phone

Past Occupation, if

any

If YES, please provide details

Organization

Designation

PORT OF ARRIVAL *

MOTHER DETAILS. Please provide details even if deceased. *

Name and Surname

Current Nationality

Previous

Nationality

Place of Birth

Country of Birth

APPLICANT MARITAL STATUS *

SINGLE

MARRIED

If MARRIED, please provide spouse details

Name and Surname

Current Nationality

Previous

Nationality

Place of Birth

Country of Birth

ARE / WERE YOU IN A MILITARY / SEMI-MILITARY / POLICE / SECURITY ORGANIZATION? *

NO

YES

Rank

Place of Posting

EXPECTED PORT OF EXIT FROM INDIA

PLACES TO BE VISITED *

Please provide details of places to be visited in India

If YES, please provide details

Name of the Tour Operator

Address of the Tour Operator

Name of the Hotel / Resort etc

Place / City of the Hotel / Resort etc

3.2 HAVE YOU BOOKED ANY ROOM IN A HOTEL / RESORT ETC THROUGH ANY TOUR OPERATOR? *

NO

YES

DETAILS OF THE MEDICAL TREATMENT *

Name of the Hospital

Address

State, District

Phone Number

Type of Medical Treatment Required

HAVE YOU EVER VISITED INDIA BEFORE? *

NO

YES

If YES, please provide details of your last visit

Address

Cities previously visited in India

Last / current Indian Visa number

Type of Visa

Place of Issue

Date of Issue

HAS PERMISSION TO VISIT OR TO EXTEND STAY IN INDIA PREVIOUSLY BEEN REFUSED? *

NO

YES

If YES, when and by whom (mention control number and date also)

HAVE YOU VISITED SAARC COUNTRIES (EXCEPT YOUR OWN COUNTRY) DURING LAST 3 YEARS? *

NO

YES

COUNTRIES VISITED IN THE LAST 10 YEARS *

Please provide several countries you have visited

If YES, please provide details

Afghanistan Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka

Year

Number of Visits

REFERENCE NAME IN INDIA *

REFERENCE NAME IN COUNTRY OF ORIGIN *

Name and Surname

Name and Surname

Address

Address

Phone Number

Phone Number

PLEASE PROVIDE YES / NO ANSWER TO THE FOLLOWING QUESTIONS *

Y N

1. Have you ever been arrested / prosecuted / convicted by Court of Law of any country?
2. Have you ever been refused entry / deported by any country including India?
3. Have you ever been engaged in human trafficking / drug trafficking / child abuse / crime against women / economic offense / financial fraud?
4. Have you ever been engaged in cyber crime / terrorist activities / sabotage / espionage / genocide / political killing / other act of violence?
5. Have you ever by any means or medium, expressed views that justify or glorify terrorist violence or that may encourage others to terrorist acts or other serious criminal acts?
6. Have you sought asylum (political or otherwise) in any country?

If any is YES, please provide details

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

ACKNOWLEDGEMENT OF THE ABOVE *

I hereby declare that the information furnished above is correct to the best of my knowledge and belief. In case the information is found false at any stage, I am liable for legal action/deportation/blacklisting or any other action as deemed fit by the Government of India.

E-VISA REQUEST *

I hereby empower International Visa Services Europe GmbH to process my visa application. The order is subject to General Terms and Conditions of the International Visa Services Europe GmbH. I hereby declare that I understood and acknowledge the General Terms and Conditions.

I have read and understood that fees once paid will not be refunded.

I have read and understood that fees are paid for the processing of the visa application and visa.

Visas are NOT granted by International Visa Services Europe GmbH. International Visa Services Europe GmbH is neither responsible for issuance nor for rejection of visa. The Ministry of India is the sole authority to decide on visa issuance, visa type, duration and the number of entries permitted. The Ministry of India may request additional documents if deemed necessary.

I hereby confirm that all the above information is correct.

I agree that my biometric data (fingerprints and photo) will be collected by the Indian authorities on entry and accept that if I do not agree to this process I will be denied entry to India.

Date, Place and Signature

Please submit along with:

- Colored Scan of Traveler's Passport (PDF format ONLY)
- Colored Scan of Traveler's Photograph (american style, 5x5cm in size) (JPEG format ONLY)
- Scanned Copy of the Letter from the Hospital concerned in India on Official Hospital Letterhead (PDF format ONLY)