

**EMBASSY OF INDIA, STOCKHOLM**

**PHONE: 00-46-8107008, 4113213, E-mail: visa.stockholm@mea.gov.in**

**Registration Form for Indian nationals and Persons of Indian Origin**

(Please Use Typewriting or Black Ink Pen with Clear Handwriting and Block Letters)

To help us serve you better and to allow us to be in direct contact with the Indian community, we would appreciate it very much, if you could fill this form and send it back to the Embassy by post, fax, email or in person.

First Name	
Surname(s)	
Male/Female	Academic Qualifications
Date of Birth (D/M/Y)	
Place and Country of Birth	
Father's Name	
Single/Married/Divorced/Widowed/Other	
Date of first arrival in Sweden	
Expected Date of departure from Sweden	
Mother Tongue	Present Nationality
Passport Number	Date and Place of Issue
Profession & Title at Work	
Name of Company/Organization	
Permanent Postal Address in Sweden	
Tel: (Home)	Tel: (Office)
Mobile:	Fax:
Email	
OCI Card Number	
Permanent address in India	

**Other family members in Sweden**

Relation	Complete Name	Nationality	Date of Birth	Occupation

Signature of the applicant