**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.

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| --- |
| 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 |
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 Signature of the applicant