

Photo

Stamp Embassy
or Consulate**Application for Schengen Visa**

This application form is free

1. Surname(s) (family name(s))		FOR EMBASSY/ CONSULATE USE ONLY	
2. Surname(s) at birth (earlier family name(s))			
3. First names (given names)			
4. Date of birth (year-month-day)	5. ID-number (optional)		
6. Place and country of birth			
7. Current nationality/ies	8. Original nationality (nationality at birth)		
9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other		
11. Father's name	12. Mother's name		
13. Type of passport: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify):			
14. Number of passport	15. Issued by		
16. Date of issue	17. Valid until		
18. If you reside in a country other than your country of origin, have you permission to return to that country? <input type="checkbox"/> No <input type="checkbox"/> Yes, (number and validity)		To	
* 19. Current occupation		Visa: Refused Granted	
* 20. Employer and employer's address and telephone number. For students, name and address of school		Characteristics of Visa:	
21. Main destination	22. Type of visa <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	23. Visa <input type="checkbox"/> Individual <input type="checkbox"/> Collective	LTV A B C D D+C
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of stay Visa is requested for: _____ days.	Number of entries: 1 2 Multiple	
26. Other visas (issued during the past three years) and their period of validity		Valid from	
27. In the case of transit, have you an entry permit for the final country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until _____ Issuing authority: _____		To	
* 28. Previous stays in this or other Schengen states		Valid for	

* The questions marked with * do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

29. Purpose of travel <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visit to Family or Friends <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons Other (please specify):		FOR EMBASSY/ CONSULATE USE ONLY											
* 30. Date of arrival													
* 31. Date of departure													
* 32. Border of first entry or transit route													
* 33. Means of transport													
* 34. Name of host or company in the Schengen states and contact person in host company. If not applicable, give name of hotel or temporary address in the Schengen states													
Name													
Telephone and telefax													
Full address													
E-mail address @													
* 35. Who is paying for your cost of travelling and for your costs of living during your stay? <input type="checkbox"/> Myself <input type="checkbox"/> Host person(s) <input type="checkbox"/> Host company (State who and how and present corresponding documentation)													
* 36. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit Cards <input type="checkbox"/> Accommodation <input type="checkbox"/> Other <input type="checkbox"/> Travel and/or health insurance. Valid until:													
37. Spouse's family name													
38. Spouse's family name at birth													
39. Spouse's first name													
40. Spouse's date of birth													
41. Spouse's place of birth													
42. Children (Application <u>must</u> be submitted separately for each passport)													
<table border="1"> <thead> <tr> <th>Name</th> <th>First name</th> <th>Date of birth</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>		Name	First name	Date of birth	1			2			3		
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1													
2													
3													
43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens.													
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Family relationship of an EU or EEA citizen													
<p>44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in the Schengen states and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in the various Schengen states.</p> <p>At my express request, the consular authority processing my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them altered or deleted, in particular, should they be inaccurate, in accordance with the national law of the state concerned.</p> <p>I declare that to the best of my knowledge all particulars supplied by me are correct and complete.</p> <p>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 Schengen state which deals with the application.</p> <p>I undertake to leave the territory of the Schengen states upon the expiry of the visa, if granted.</p> <p>I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Schengen 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 the Schengen Implementing Convention and am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.</p>													
45. Applicant's home address													
46. Telephone number													
47. Place and date													
48. Signature (for minors, signature of custodian/guardian)													

ROYAL NORWEGIAN EMBASSY

TO BE ATTACHED TO THE APPLICATION FORMS, PLEASE CLARIFY:

NAME: _____ **Date of birth:** _____ **Passport number:** _____

The countries you wish to visit:	
The period of stay in each country:	
Which Schengen country to enter first:	
What is the purpose of the visit:	
If family visit, what is the reference's name and date of birth?	
What is your relationship with the reference?	
Is the reference married?	
What is the spouse's name and date of birth?	
How long has the reference been residing in Norway?	
Is the reference employed?	
If you are employed, since when have you had your present job? (day-month-year)	
If self-employed, since when have you been self-employed? (day-month-year)	
Is it possible for you to return to your job?	
If you are a student, what are you studying?	
When did you begin studying? (day-month-year)	
When are your studies due to end? (day-month-year)	

ROYAL NORWEGIAN EMBASSY

If married, is your spouse also applying for a visa?	
What is your father's name, date of birth, and country of residence?	
What is your mother's name, date of birth, and country of residence?	
If you have children what are their names, date of birth, and country of residence?	
If you have brothers/sisters, what are their names, date of birth, and country of residence?	
Place and date:	
Signature: (for minors signature of custodian/guardian)	

Additional information you think is relevant:

Postal Address:
50 C Shantipath
Chanakyapuri
110 021 New Delhi
India

Office Address:
50 C Shantipath
Chanakyapuri
110 021 New Delhi
India

Telephone:
+91 11 51779200

E-Mail:
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noramb@vsnl.com

Telefax:
+91 11 51680145