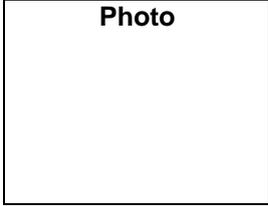


Application for Schengen Visa

This application form is free



1. Surname (Family name) (x)				For official use only Date of application: Visa application number: Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
2. Surname at birth (Former family name(s)) (x)					
3. First name(s) (Given name(s)) (x)					
4. Date of birth (day-month-year)		5. Place of birth		7. Current nationality	
		6. Country of birth		Nationality at birth, if different	
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. 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 (please specify)			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian					
11. National identity number, where applicable					
12. Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> <input type="checkbox"/> Other (please specify)					
13. Number of travel document		14. Date of issue	15. Valid until		16. Issued by
17. Applicant's home address and e-mail address				Telephone number(s)	
18. Residence in a country other than that country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Resident permit or equivalent No Valid until					
* 19. Current occupation					
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.					
21. Main purpose(s) of the journey <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)					
22. Member State(s) of destination			23. Member state of first entry		
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries			25. Duration of the intended stay or transit Indicate number of days		
26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to.....					
27. Fingerprints collected previously for the purpose of applying for a Schengen Visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known.....					

The field marked with * shall not be filled in by family members of EU,EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU,EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

(x) Fields 1-3 shall be filled in accordance with the data in travel document.

ROYAL NORWEGIAN EMBASSY

APPLICANT INFORMATION FORM

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/ friend 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, your spouse name, date of birth, and country of residence?	
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?	
If you are travelling with someone, please mention the name and relation with other applicant.	
Place and date:	
Contact number	
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 41779200

E-Mail:
emb.newdelhi@mfa.no

Telefax:
+91 11 41617815

AUTHORIZATION LETTER

Date _____

I _____ hereby authorize _____,

Telephone number _____ to collect the passport on my behalf.

Place/signature/contact number