

CONSULATE GENERAL OF INDIA

TORONTO

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**ADDITIONAL FORM TO BE FILLED UP BY CANADIAN NATIONALS OF SRI LANKAN ORIGIN/
SRI LANKAN NATIONALS (ALL IN BLOCK LETTERS)**

FULL NAME: _____

SURNAME: _____

FATHER'S FULL NAME: _____

SPOUSE'S NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SEX: _____

SRI LANKAN PASSPORT NO: _____

PLACE OF ISSUE: _____ DATE OF ISSUE: _____

PRESENT NATIONALITY: _____

PASSPORT NO: _____

PLACE OF ISSUE: _____ DATE OF ISSUE: _____

DETAILS, IF YOU ARE A DUAL CITIZEN: _____

ADDRESS IN CANADA: _____

PRESENT OCCUPATION: _____

DATE OF LAST VISIT TO INDIA: _____

WHETHER VISA WAS EVER REFUSED ? IF YES, PLEASE GIVE DETAILS: _____

ADDRESS IN SRI LANKA: _____

EXACT PURPOSE OF VISIT TO INDIA: _____

DURATION: _____

NUMBER OF VISITS (SINGLE/DOUBLE/MULTIPLE) _____

SIGNATURE _____