## **EMBASSY OF INDIA**

## 1025 BUDAPEST, BUZAVIRAG UTCA 14

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

| Date                             |               |          |
|----------------------------------|---------------|----------|
| Given Name                       |               |          |
| Family Name                      |               |          |
| Gender                           | Male / Female |          |
| Academic qualifications          |               |          |
| Place & Country of Birth         |               |          |
| Marital Status                   |               |          |
| Date of first arrival in Hungary |               |          |
| / Bosnis & Herzegovina           |               |          |
| Expected duration of stay in     |               |          |
| Hungary                          |               |          |
| Mother tongue                    |               |          |
| Present nationality              |               |          |
| Passport Number, with date       |               |          |
| and place of its issue           |               |          |
| Profession & Title at Work       |               |          |
| Name of Company /                |               |          |
| Organization                     |               |          |
| Postal Address in Hungary /      |               |          |
| Bosnia & Herzegovina             |               |          |
| Telephone Nos.                   | (Res/ Off)    | (Mobile) |
| Fax No. / Email ID               | (Fax)         | (Email)  |
| PIO / OCI Card No.               |               |          |
| Permanent Address in India       |               |          |
|                                  |               |          |
|                                  |               |          |

## Details of family members in Hungary / Bosnia & Herzegovina

| Name | Relation | Nationality | Date of Birth | Occupation |
|------|----------|-------------|---------------|------------|
|      |          |             |               |            |
|      |          |             |               |            |
|      |          |             |               |            |
|      |          |             |               |            |