

Checklist for Medical Visa Applications 就医签证申请审核表

Name: _____ (姓名)		Purpose of Visit: _____ (访问目的)		
Passport Number: _____ (护照号)		Period of stay: _____ (逗留期)		
		Yes 有	Remark 备注	For official use: doc present 官方使用
1.	Hard copy of the completed and signed on-line application form. (Signature on application form and passport should be the same) 完整填写并由申请人本人签名的在线申请表。(护照与申请表签名需一致)			
2.	Correct fee. 费用正确。			
3.	Two appropriate photos. (2*2 inch /5*5cm with white background. Photo should be clear, scanned photo is not acceptable) One to be pasted on the form the other to be attached with the application. 2张照片，一张贴在申请表上，另一张随附。(白色背景，2*2英寸/5*5厘米，不接受使用扫描或不清晰的照片)			
4.	Passport copy of the data page(X2) and last page (with signature) and any special endorsement, Resident permit/Work permit/Chinese Visa (in case of foreign nationals). Signature on the passport only with ink is acceptable. 护照复印件：首页两份、尾页(含签名)及其它备注各一份；外国人提供居留或工作许可或中国签证页复印件。必须使用墨水笔在护照上签名。			
5.	ID card (copy of both sides). 身份证复印件(正反面)。			
6.	Relevant Documents from Chinese hospital supporting the need for Medical Visa. 中国医院出具的支持医疗签证的相关材料。			
7.	Appointment Letter from Indian hospital. 印度医院同意接收病人的信函。			

The applicant has submitted the supporting documents above and is aware that application documents will be assessed by the Visa Section at the Consulate General of India. The issue of visa/duration/entries to be granted is sole discretion of the Consulate. Visa Application Centre plays no part in decision making process of visa application.

申请人已经递交了上述文件，并了解签证决定权在领事馆，签证申请中心无权干预签证审批结果。

VISA Fee (签证费)		NAME OF TRAVEL AGENT 代理名称	
Service Fee (服务费)		ADDRESS 地址	
Courier Fee(If any) 快递费 (如选)			
Other Fees (其他费用)		TEL 电话	

Name & Signature of Inquiry Officer / 资料审核员签名

Date/日期

Applicant's Signature / 申请人签名