

Checklist for Medical Visa application (For patients & Doctors)
就医签证申请审核表

Name: _____ (姓名)		Purpose of Visit: _____ (访问目的)		
Passport Number: _____ (护照号)		Group No. if relevant: _____ (团号, 如有)		
		Yes/有?	No/ If not, why not? 没有? 如没有, 注明原因	For official use: dox present?
1.	Completed and signed application form? (Signature on application form and passport should be the same.) (x1) 填写完整并在申请表上签名? (护照与申请表需签名一致) (一份)			
2.	One copy of the passport (the first and last page with signature)/resident permit and work permit (in case of foreign nationals)? (Passport signature should be with a Pen. Pencil signature not accepted.) 护照首页和带签名的尾页、居留许可和工作许可 (外籍申请人) 复印件? (护照签名不接受使用铅笔)			
3.	Correct fee? 费用正确?			
4.	Appropriate photo? (Photo should be clear with a blue back drop. Scanned Photo's will not be accepted.) 照片合格? (不接受使用扫描或不清晰的照片) (一张)			
5.	Relevant Documents supporting the need for Medical Visa? 支持医疗签证的相关材料?			
6.	Copy of the Chinese ID card. 正反面身份证复印件			
7.	(If applicant is a Doctor) Self-certification by the applicant that he will not perform any surgical procedures in India. (如果申请人是一名医生) 在印度不会行医的证明。			
8.	(If applicant is a Doctor) Approval of the doctor attending the course from the Medical Council of India (MCI) (Fax/Original) (如果申请人是一名医生) 参加印方医学委员会课程的批准信 (MCI) (传真/原件)			

Inquiry Officer to delete as appropriate (资料审核员根据适用情况选择)

1. The applicant has confirmed that s/he has no other documents to submit OR
 申请人已经确认她/他不提交其他文件 或者
2. The applicant has submitted the supporting documents above. I have advised him / her that failure to submit all necessary documents may result in the application being refused, but s/he has chosen to proceed with the application
 申请人已经递交了上述文件, 我已通知其不提交所有必要文件会导致被拒签, 但其选择继续提交请。

VISA Fee (签证费)		NAME OF TRAVEL AGENT 代理名称:	
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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)

IO	
SO	
DO	
PRO	
SCAN	
DC	
DCIO	