

## Checklist for Medical Attendant Visa Applications 就医陪同签证申请审核表

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	Remark 备注	For official use: dox present 官方使用
1.	Completed and signed application form?(X 2) 填写完整并在申请表上签名 (2份)?			
2.	Correct fee? 费用正确?			
3.	Appropriate photo? (X 3) 照片合格? (3张)			
4.	Copy of the Passport (the first and last page with signature, any endorsement) and copy of resident permit/work permit for foreigners? 护照首尾页(尾页签名)、批注页/居住证和工作证(外籍申请人)?			
5.	ID card (copy of both sides)? 身份证复印件(正反面)?			
6.	Request from the patient/doctor to accompany the patient? 病人要求陪同的请求?			
7.	Copy of the medical visa of the patient if applicable? 若病人已经申请就医签证, 请提供复印件?			

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)		TEL 电话	
Other Fees (其他费用)			

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

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Date/日期

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Applicant's Signature (申请人签名)