

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)		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? (X2) 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 and any endorsement) and copy of resident permit/work permit for foreigners. 护照首尾页 (尾页签名) 及备注/居住证或工作证 (外籍申请人)?			
5.	ID card (copy of both sides)? 身份证复印件(正反面)?			
6.	Relevant Documents from Chinese hospital supporting the need for Medical Visa? 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?			
8.	For Doctors, self certification that no surgical procedure will be carried out (written)? 医生要手写不参与有关医学方面的保证书			
9.	Medical Council of India (MCI) approval from Institute needed? 从MCI印度医学委员会获得的所需批文			

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)