

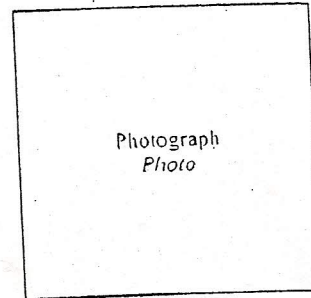
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भारतीय राजदूतावास
पोस्ट बॉक्स १७८७
अन्तानानारीव
EMBASSY OF INDIA
B.P. 1787
ANTANANARIVO
MADAGASCAR

Registration with the Embassy
Immatriculation auprès de l'Ambassade

Indian Nationals wishing to register themselves with the Embassy of India may fill this proforma.
Les ressortissants indiens qui souhaitent se faire immatriculer auprès de l'Ambassade de l'Inde
sont priés de remplir ce formulaire.



Name in the passeport: _____
Nom figurant au passeport: _____

Name of father: _____
Nom du père: _____

Mailing address: _____
Adresse postale: _____

Residential address: _____
Adresse de domicile: _____

Business telephone/fax/email
Téléphone/fax/email [bureau]

Residence telephone/fax/email
Téléphone/fax/email [domicile]

Date of birth: _____
Date de naissance: _____

Place of birth: _____
Lieu de naissance: _____

Passport number: _____
Numéro du passeport: _____

Date of issue: _____
Date de délivrance: _____

Place of issue: _____
Lieu de délivrance: _____

Signature _____

PLEASE FILL SEPARATE FORM FOR EACH DEPENDANT.
VEUILLEZ REMPLIR UN FORMULAIRE SEPARÉ POUR CHAQUE PERSONNE A CHARGE.

Telephones : 261-20-2223334 & 2227156 Fax : 261-20-2233790 & 2226099
e-mail : indembmd@blueline.mg
website : www.indemb-antananarivo.com

NRI REGISTRATION FORM

Passport Particulars

Name as in Passport

Passport Number

Date of Issue

Place of Issue

Personal Details

Father's Name

Spouse's Name

Date of Birth

Educational Qualification

Profession

Blood Group

Complete Address in India

Telephone / Mobile (INDIA)

Address

City

District

State

Details in Madagascar / Comoros

Visa No./ Residency ID No.

Date of First Arrival in Madagascar / Comoros

Address in Madagascar / Comoros (Including Post Box No.)

Mobile No.

Telephone Number

E-mail

City

Province / Country

Name, Address & Telephone No. of Employer

Name & Address of Relative / Friend in Madagascar / Comoros
who can be contacted in case of any Emergency

Signature

Place

Date