



CONSULATE GENERAL OF INDIA, HAMBURG

Graumannsweg 57, 22087 Hamburg

Tel: 040 338036, 040 324744, 040 330557, Fax: 040 323757

E-Mail: cgihh@aol.com , Web: www.cgihamburg.de

Application for Special Permit (For Restricted Areas)

(PLEASE FILL IN CAPITAL LETTERS)

1. Name of Applicant: [REDACTED]		
2. Nationality: [REDACTED]		
3. Occupation: [REDACTED]		
4. a) Address in India: [REDACTED]		
b) Address abroad [REDACTED]		
5. a) Passport Number: [REDACTED]	b) Date of Issue: [REDACTED]	
c) Place of Issue: [REDACTED]	c) Date of Expiry: [REDACTED]	
6. a) Places within the restricted Area proposed to be visited: [REDACTED]		
b) Address in the restricted area: [REDACTED]		
7. Period of proposed visit: From: [REDACTED] To: [REDACTED]		
8 a) Route intended to be followed while entering/leaving the restricted are: [REDACTED]		
b) Mode of journey: [REDACTED]		
9. Purpose of visit: [REDACTED]		
10. Whether applied for a permit to visit restricted or inner-line areas before. <input type="checkbox"/> Yes <input type="checkbox"/> No If so, details thereof. Also indicate whether permit was granted and for what period: [REDACTED]		
11. For Pakistani nationals only: a) Parentage: [REDACTED]	b) Place of birth: [REDACTED] c) Date of birth: [REDACTED]	
[REDACTED] Place	[REDACTED] Date	[REDACTED] Signature