

## FORMATS

### **Basic Information Form**

1. Name of the applicant:- \_\_\_\_\_
2. Private Visits (BTQ)

<b>Names of accompanying family members &amp; relationship</b>	<b>Amount of Foreign exchange</b>	<b>Passport No.</b>	<b>Date of issue</b>	<b>Place of issue</b>

Date \_\_\_\_\_

Signature of the applicant

Verified by (Name and signature of ICC staff) \_\_\_\_\_

## BASIC INFORMATION FORM (As declared by the Applicant)

1. Name of the applicant : \_\_\_\_\_
2. Name of the employer abroad and complete address
  - a. Designation \_\_\_\_\_
  - b. Period of employment \_\_\_\_\_

### 1. Emigration :

- a. Destination country \_\_\_\_\_
- b. Names of accompanying minor family members

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### 2. Higher studies abroad:

- a. Name of the overseas institution \_\_\_\_\_
- b. Course of study: \_\_\_\_\_
- c. Duration of the course: From \_\_\_\_\_ to \_\_\_\_\_
- d. Address of the institution:

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d. Amount of forex required towards course fee, maintenance, and insurance, other incidentals etc.  
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**3. Medical treatment abroad:**

a. Name and address of the hospital where the treatment is proposed to be undertaken

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b. Nature of illness:

I undertake to submit statement of expenses incurred for medical treatment, with necessary supporting within 15 days of the patient's return, as stipulated by Reserve Bank of India.

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Date: \_\_\_\_\_

Signature of the applicant: \_\_\_\_\_