7/50-G. Satva Marg. Chanakvapuri, New Delhi 110 021 (Phone: 26119513/26119514, Fax: 26875731). Website: www.ethiopiaembassv.in, E-mail: delethvisa@yahoo.eo.in

VISA APPLICATION FORM		
APPLICANTS	-	

		APPLICANT	S	L	
First Name		Middle Name		Last N	Jame
	irth Date D/ M				
Present Nationality		Any Other			
Passport Type: U	Ordinary L Service	Diplomatic L Alie	n U Oth	ers	waren.
Passport Number	Issue Da	te D/ M/ Y	Ex	cpiry Date D/	M/ Yr
Address Country -	Cit	у ————	Str	eet Name & No),
P.O.Box	Tel		******		
M	Children/	Dependents on the	Same Pa	ssport	
	Middle Name				
3		***************************************			
		Current Reque	st		
Type of Business — Type of Investment Type of Employmen	iness	Compar	ny Name ny Name Company	Name	
	To b	e filled by Proxy/G	uardian		
First Name	Middle Name				t Person/Organization
Country	City				
I the undersigned dec	clare that all the above	e mentioned stateme	ents are tr	ue to the best o	f my knowledge
Full Name &	Signature			Re	equest Date
		For Office Use Or	ıly		
Visa No		Vies To			
					oiry
Address in Ethionia	Hotel	Tel Co	ntact Pers	son	Phone
ridatess in Editopia.					
		FEE			

Fee is to be paid in Demand Draft favouring ETHIOPIAN EMBASSY Business - Rs. 1040, Transit - Rs. 1040, Immigrant - Rs 2600, Student - Rs 1040, Business Tourist Multiple (for 3 months) - Rs. 1560, Business Multiple (for 6 months) - Rs. 2600 Buisiness Multiple (for one year) - Rs. 5200, Tourist Multiple (for 6 months) - Rs. 2080 Double Transit - Rs. 1560

^{*} Postage Charges extra