

MEDICAL VISA

To apply for a medical visa, apply online at the following link:
<http://indianvisaonline.gov.in>

eVisa: It is processed only online (it is not required to come the Embassy)

Regular Visa: Print the completed visa application form with all the required information and bring it to the Embassy along with the documents mentioned below.

DOCUMENTS REQUIRED

1. **Print out of the Visa Application Form** completed with all the required data. The application must be signed in the box below the photograph on Page 1 and at the end of Page 2. The signatures must be the same as those in your passport.
2. **Two 5x5cm photographs:** white background and front. One must be pasted in the box indicated on Page 1. And the second photo must be delivered to the Consular Services Assistant.
3. **Original passport** valid for a minimum of 6 months from the expiration date of the visa and at least two free pages.
4. **Photocopy of the International Yellow Fever Vaccination Certificate** signed by the visa applicant. Please note that even if you have a valid Indian visa, the Indian immigration and health authorities may deny your entry to the country if you do not carry the Yellow Fever Vaccination Certificate.
5. A **signed photocopy of the passport page containing the applicant's details.**
6. **Bank statements** with sufficient balance to cover for the cost of treatment and expenditures during the period of stay in India.
7. **Document of Hospital Authorities** recommending issuance of medical visa as per format. (attached below)
8. **Medical Invitation letter** issued by the Hospital.

IMPORTANT NOTE: The consular officer may request additional documentation as considered at the time of the interview. Expat applicants may apply for a business visa only if they have lived in Argentina, Paraguay or Uruguay for at least two years.



EMBASSY OF INDIA
Buenos Aires

REQUEST FOR MEDICAL VISA

Dear Sir.

_____ (Patient's name) has been advised to undergo _____
(diagnosis) at _____ (name of Hospital and place) by our Sr.
Consultant _____ (Consultant's name), Department of _____
(Speciality).

Passport details are given below for your kind reference.

Name of the patient _____

Passport Number _____

We request you to issue visa to him/her and his/her companion (attendant).

Thanking you and looking forward to an early action from your side.

Yours sincerely

Authorized Signatory