MEDICAL VISA

To apply for <u>eVisa</u>: apply online at the following link: <u>www.indianvisaonline.gov.in/evisa</u> It is processed only online, it is not required to come to the Embassy. The Embassy does not have interference on it as it is processed in India.

To apply for a <u>Regular Paper Visa</u>, fill in online form at the following link: <u>www.indianvisaonline.gov.in/visa</u>. Visit the Embassy along with the documents mentioned below:

DOCUMENTS REQUIRED

- 1. **Print out of the Visa Application Form** which must include the <u>uploaded photograph</u> (white background and front) completed with all the required data. The application must be <u>signed</u> 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.
- 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. A signed photocopy of the passport page containing the applicant's details.
- 5. A signed photocopy of the International Yellow Fever Vaccination Certificate. 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.
- 6. **Bank statements** with sufficient balance to cover for the cost of treatment and expenditures during the period of stay in India.
- 7. **Invitation letter by Hospital Authorities/Institution/Doctor** approved/registered with the Medical Council of India.
- 8. Request for medical visa form.

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 or Uruguay for at least two years. **Incomplete applications will not be accepted.** For information on rates, please refer to the Fee Structure.



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