

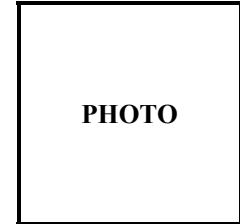
**VISA APPLICATION FORM FOR
NEPAL**

CONSULATE GENERAL OF NEPAL
BOX 7199
103 88 STOCKHOLM

TEL: 08-611 90 32
FAX: 08-611 91 40
OPENING: MON – FRI
BY APPOINTMENT

**PLEASE READ GENERAL INFORMATION BEFORE FILLING THIS FORM.
PLEASE FILL THIS FORM IN BLOCK LETTER.**

01. NAME (MR/MRS/MISS): _____
02. NATIONALITY: _____ 03. OCCUPATION: _____
04. DATE & PLACE OF BIRTH: _____
05. ADDRESS: _____



TEL (RES) _____ TEL (WORK) _____

06. PASSPORT NO: _____ 07. ISSUED AT: _____
08. DATE OF ISSUE: _____ 09. DATE OF EXPIRY: _____
10. EXPECTED DATE OF ARRIVAL IN NEPAL: _____
11. DURATION OF STAY IN NEPAL: _____
12. ADDRESS IN NEPAL: _____
13. PURPOSE OF VISIT: TOURISM/ TREKKING/ MOUNTAINEERING/ OTHER
14. DATE (S) OF PREVIOUS VISIT (S) TO NEPAL, IF ANY: _____

15. ACCOMPANYING CHILD(REN) OR WIFE INCLUDED IN PASSPORT WHO REQUIRE VISA:

A) NAME: _____ DATE OF BIRTH: _____ SEX: _____
B) NAME: _____ DATE OF BIRTH: _____ SEX: _____

16. TYPE OF VISA: A) DIPLOMATIC B) OFFICIAL C) TOURIST

17. MULTIPLE ENTRY VISA A) 15 DAYS B) 30 DAYS C) 90 DAYS

18. IF YOU ARE RE-APPLYING WITHIN THE CURRENT VISA YEAR, PLEASE MENTION YOUR
LAST DATE OF ENTRY INTO NEPAL: _____

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICIAL USE

Category of visa: _____

Signature of Visa officer: _____

Date: _____

Serial & Sticker No.: _____

Remark: _____