AMERICAN VISA OF DC

1801 Columbia Rd., NW #200, Washington, DC 20009

Tel: 202-462-5908 Fax: 202-387-5430

Email: info@americanvisadc.com or avodc@aol.com www.americanvisadc.com

THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC

INDIA

Visa Requirements Checklist:

Original signed Passport valid for six months with at least two blank visa pages side-by-side, plus one copy of the information page.

One online visa application form completed, printed, signed in TWO places – front and back.

One Cox & Kings particulars form (attached) and one Cox & Kings disclaimer form (attached).

One copy of driver's license or utility bill as proof of residence.

One color passport sized photo 2" x 2" ONLY on white or very light background. No glasses or headwear.

Copy of flight itinerary (for tourist visa).

An invitation letter from Indian company with a company seal in specific format - example attached (for business visa). A letter of financial responsibility from the company in the U.S.A.in specific format - example attached (for business visa).

Copy of the Green Card (For Non-U.S. Citizens) plus a non-USA referral form (attached).

Validity of Visas: Tourist visas are valid for 10 years for USA citizens. Business visas are valid for 1, 5 or 10 years.

Jurisdiction: Washington DC: DC DE KY MD NC VA WV BERMUDA

> New York: CT ME MA NH NJ NY OH PA RI VE Chicago: IL IN IA MI MN MO ND SD WI

San Francisco: AK AZ CA GUAM HI ID MT NV OR UT WA WY

Atlanta: AL FL GA MS PR SC TN VI Houston: AR KS LA OK TX NM CO NE

11	be sent to our appropr		3	*		
Contact Person's Name:		Phone as	nd email:			
SHIPPING INSTRUCTIONS:						
Company Name (If applicabl	e):		Cor	ntact Name _		
Address						
City		State	Zi	p Code		
Phone #		Email Add	lress			
FRAVELER(S) INFORMATION: Departure Date from U.S.A.:		date:	*Rush fees will b	e applied to me	eet this date if nec	essary
1) Last Name:		First Nam	ne			_
Passport #:	Passport Ex	pires:	Dat	e of Birth	_//	
2) Last Name:		First Nam	ne			
Passport #:	Passport Ex	pires:	Da	ate of Birth	_//	
Processing Fees: (please check one)		_				
Processing T	'ime:	American Visa of DC Fee:	Indian Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAI
8 - 14 Business Days 10	8 - 14 Business Days 10 Years - Tourist:		\$120	\$25	\$30	\$310
8 - 14 Business Days One	year - Business:	\$135	\$180	\$25	\$30	\$370
8 - 14 Business Days 5 Year	r Business:	\$135	\$260	\$25	\$30	\$450

8 - 14 Bu	siness Days 10 Years - Business:	\$135	\$260	\$25	\$30	\$450	
•	Add \$15 service fee for applications sul	omitted for Non-U.S	. citizens. Process	sing time could	take an additional	1-2 weeks.	
	Embassy fees will vary.						

PAYMENT: (check one)

I authorize American Visa of DC to charge my credit card for payment of passport/visa services.

Card holders' name	Number	Exp. Date:	
Signature		Today's Date:	

Check or Money Order made out to "American Visa of DC" for \$____

My company has a prearranged billing agreement.

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas caused by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. Requirements and fees relating to this request are subject to change without notice.

(Lette	er from sponsor in India for Business Visa)
То	
Emba	Section assy of India nington
Subje	ect: Request for a Single / Multiple entry Business visa for years in r/o
Sir / I	Madam
1.	A brief detail about sponsor in India:
2.	A brief detail about employer in USA:
3.	Details of the applicant:- (a) Name of the applicant (b) Designation of applicant (c) Duration with the current employer:
4.	Relationship with sponsor and its duration:
5.	Purpose of visit:
6.	Duration of Visa requested:
	Mr(Name of applicant) will not receive any of remuneration from any sources in India and will remain an employee of in USA. Mr
	not engage in any activities in India other than stated in the purpose of visit.
8. for th	(Name of company) takes full responsibility ne activities and conduct of Mrnational ofduring his/her stay in India. If anything adverse
	es to notice during this period, we undertake to repatriate him/her at our cost.

Signature name of authorized signatory stamp of company

ADDITIONAL PARTICULARS FORM FOR VISA SERVICES

1.	Name of Applicant	:
2.	Passport Number and Nationality	:
3.	Please specify whether holding dual nationality. If yes, please provide name of countries and passport numbers	:
4.	Any previous Nationality held? If yes, specify	:
5.	Name of Spouse and current Nationality	:
6.	Any other Nationality previously held by spouse If yes, please provide name of countries and passport numbers	:
7.	Has the applicant ever changed his/her name? If yes, specify details and submit appropriate documentation for the same	:
8.	Did the applicant or his/her parents or his/her grandparents ever hold the citizenship of Bangladesh, Afghanistan, Bhutan, China, Nepal or Sri Lanka at any point of time? If yes, please provide details	:
9.	Whether the applicant or his/her parents or his/her grandparents ever hold the citizenship of Pakistan, or NICOP (National Identity Card for Overseas Pakistanis) or POC (Pakistan Origin Card)? If yes, specify details	;
10.	Did the applicant work before or is currently Working with Armed Forces/Police/Para-Military Forces/Government service. If yes, name of Organization, Designation, Place of Posting and Rank should be given	
11.	Did the applicant ever hold official/diplomatic passport? If yes, specify details	:
12.	Current Employment status along with full details of employer	:
13.	Has the applicant ever been convicted of any criminal offense or is currently facing criminal charges in any court of law? If YES, specify details.	:
14.	Has the applicant or any of his parents ever applied for asylum If yes, specify details	?:
	<u>DECLAR</u>	ATION
	I hereby declare that the above particulars are true. I also ove form, appropriate action as per Government of India rules ited to revoking of issued Visa and any other action as deen	and regulations may be taken against me, including but
(a) (b)	I am applying for a OCI card (strike off whichever not applicable as a spouse of an Indian origin person not as a spouse of Indian origin person.	le) -
In case	e of (a), I undertake to intimate the Consulate immediately ab	out the dissolution of such marriage, if it occurs.
Date :		
Place :		

(Signature of the Applicant)
Please note:In case of minor child, both parents/legal guardian should sign the declaration



CKGS Disclaimer Form

CKGS Application Centre Steps for Applicants

Disclaimer:

You must send / carry a completed application to the CKGS Application Centre using the document Checklist and following all the instructions provided in the procedure.

You must make the payments as follows: The correct Service and Category fees, ICWF fees, Reference / Fax fees (if applicable non US Passport), CKGS Service charges, convenience charges (if applicable), optional services like Courier / SMS (if applicable).

If your application is found to be incomplete, then CKGS will send you an email informing you of deficiency / ies in your application. You must provide all the requested documents to CKGS within 7 working days from the date of receipt of the email.

If you are unable to provide the complete application, **your application will be returned to you at your entire cost and consequences.** If you have opted for return courier, we will use the courier charges paid by you for the return of your documents or using the prepaid self-addressed envelope provided by you. The Service Charges will not be refunded under any circumstances.

I acknowledge that the website www.in.ckgs.us contains the required information in connection with the Services. The said website will be updated as per the instructions of the Embassy / Consulate and will change from time to time.

I hereby confirm that by accepting this Disclaimer Form, it will be deemed that I have read and understood the <u>Declaration & Undertaking, Terms & Conditions</u>, the <u>Privacy Policy</u> and the check list steps and procedures.

I will be responsible for any deficiency / ies in my application and any impact / consequence that it may have on the time taken to process and the decision of my application.

Name of the Applicant as per passport	Signature of the Applicant
Date	

(Lette	er from Employer in USA for Business Visa)
То	
Emba	Section assy of India nington
Subje	ect: Request for a Single / Multiple entry Business visa for years in r/o
Sir / N	Madam
1.	A brief detail about employer in USA:-
2.	Details of the applicant:- (a) Name of the applicant (b) Designation of applicant (c) Duration with the current employer:
3.	A brief detail about the sponsor in India:-
4.	Relationship with sponsor and its duration:-
5.	Purpose of visit:
6.	Duration of Visa requested:
7. Form	Mr(Name of applicant) will not receive any of remuneration from any sources in India and will remain an employee of in USA. Mr
will n	ot engage in any activities in India other than stated in the purpose of visit.
	(Name of company) takes full responsibility the activities and conduct of Mr during his/her stay in India. If anything adverse to notice during this period, we undertake to repatriate him/her at our cost.
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Signature name of authorized signatory stamp of company



EMBASSY OF INDIA 2536 Massachusetts Avenue, NW Washington DC 20008

ADDITIONAL FORM TO BE FILLED IN BY NON-US NATIONALS AND NON-RESIDENT/VISITORS IN USA ALONG WITH VISA APPLICATION FORM (TO BE FILLED IN BLOCK LETTERS ONLY)

PRESENT ADDRESS IN USA: PERMANENT ADDRESS: TEL NO E-MAIL: PURPOSE OF VISIT TO INDIA:	PASSPORT VALID TILL:	DATE OF ISSUE: PLACE OF ISSUE:	
PERMANENT ADDRESS: E-MAIL: E-MAIL: PURPOSE OF VISIT TO INDIA:	PRESENT ADDRESS IN USA:		
PURPOSE OF VISIT TO INDIA:			
TYPE OF VISA REQUESTED:PERIOD REQUESTED:			
(FOR OFFICIAL USE ONLY)		DATE:	

Signature____