



State of Bahrain
 MINISTRY OF FOREIGN AFFAIRS
 CONSULATE GENERAL OF THE STATE OF BAHRAIN
 BOMBAY
VISA APPLICATION FORM

Name in full _____

Sex _____ (Please use block letters) Nationality _____

Profession _____

Place of Birth _____ Date of Birth _____

Passport No. _____ Place of issue _____

Date of issue _____ Valid till _____

Present address _____

Address in Bahrain _____

Required Visa - Entry/Transit _____

Reasons for Travelling to Bahrain _____

Authority which recommends granting the required visa _____

Duration of Proposed Visit _____

Duration of previous residence and address when last in Bahrain _____

Reference and their address in Bahrain _____

Name of family (wife & children 16 years) accompanying applicant

Date of arrival _____

Name and address of Sponsor in Bahrain _____

I hereby declare that the details & information given in this application are true & correct.

Place _____ Date _____ Signature _____

Receiving Date . _____ Delivery Date : _____

Note : This form is not to be filled by hand. It should be typed on a typewriter.