

भारत का राजदूतावास EMBASSY OF INDIA EMBAJADA DE LA INDIA मैड्रिड. (MADRID)

Consular Officer

FAX MESSAGE

| TO: | · | nmind/Cogendia |
|--------------|-----------------------------------|--|
| clearaı | Visa for nce/no objection with | in 72 hours as per Government instructions, If we do not receive |
| anythi | ng to the contrary, it v | vill be presumed that you have no objection. |
| 1. | | |
| S1.N° | FULL NAME | |
| 1 | FATHER'S NAME | |
| 2 | PASSPORT N° | |
| 3 | DATE OF ISSUE | |
| 4 | PLACE OF ISSUE | |
| 5 ° | NATIONALITY | |
| 6 | PLACE & DATE OF BIRTH | |
| 2. | | |
| S1.N° | FULL NAME | |
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| 6 | PLACE & DATE OF BIRTH | |
| ESPM ESPM | | • |

DATE: