

VISA REFERENCE FORM

**TO BE FILLED (ALONGWITH VISA APPLICATION FORM) BY NON-OMANI NATIONALS WHO HAD
RESIDED IN OMAN FOR LESS THAN TWO YEARS / ON VISIT VISA TO OMAN**

(TO BE FILLED IN CAPITAL LETTERS)

NAME OF THE APPLICANT _____

NAME OF FATHER/SPOUSE _____

NATIONALITY _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

PASSPORT NUMBER _____

DATE OF ISSUE _____

PLACE OF ISSUE _____

OCCUPATION _____

PERMANENT ADDRESS _____

TYPE OF VISA REQUIRED _____

(SIGNATURE OF APPLICANT)

FOR OFFICE USE ONLY

EMBASSY OF INDIA

MUSCAT (FAX NO: 00968-24692791)

FAX MESSAGE NO. MUSCAT/VISA/

DATED

FORWARDED TO INDEMBASSY/HICOMIND/CONGENDIA _____

TO GRANT VISA TO HIM/HER COST RECOVERED. IF NO REPLY IS RECEIVED WITHIN 72 HOURS,
AS PER GOVERNMENT INSTRUCTIONS VISA WOULD BE ISSUED AFTER LOCAL CHECK.

VISA OFFICER

1. _____