

Appendix V

(Para 6.3)

Visa Consular

Indian Embassy

(Address)

Request for Medical Visa

Dear Sir.

.....(Patient's name) has been advised to undergo (diagnosis) at (Name of hospital and place) by our Sr. Consultant, (Consultant's name), Department of (Speciality).

The cost of treatment will be (cost) and the duration of the treatment will be (duration)

Passport details are given below for you kind reference.

Name of the Patient

Passport number.....

Name of companion (Attendant).....

Passport number.....

We request you to kindly issue visa to him/her and his/her companion (attendant).

Thanking you and looking to an early action from your side.

Your sincerely

Authorized Signatory

Telephone number:

Fax number:

Email: