

**FORM FOR REGISTRATION OF INDIAN CITIZENS**

*(Please print out, complete and send to the High Commission of India, Jeevan Bhharati Building, Harambee Avenue, PO Box 30074-00100, Nairobi; or Fax to (020) 316 242; or E-mail to: [conshci@iconnect.co.ke](mailto:conshci@iconnect.co.ke))*

1. Family Name: \_\_\_\_\_
2. Other Name(s): \_\_\_\_\_
3. Father's/Spouse's Name: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ 5. Place of Birth: \_\_\_\_\_
6. Sex: Male/Female 7. Marital Status: Single/ Married
8. Mother Tongue: \_\_\_\_\_
9. Passport Number: \_\_\_\_\_ 10. Date of Issue: \_\_\_\_\_
11. Place of Issue: \_\_\_\_\_ 12. Date of Expiry: \_\_\_\_\_
13. Occupation/Profession: \_\_\_\_\_
14. E-mail ID: \_\_\_\_\_ 15. Mobile No.: \_\_\_\_\_
16. First Arrival in this country: \_\_\_\_\_
17. Expected length of stay: \_\_\_\_\_
18. Office Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_
19. Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_
20. Address in India: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_
21. Contact person in emergency: \_\_\_\_\_  
Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_

22. Membership of Associations/Community Organisations, if any

Name of the Association

Address

1.

2.

3.

23. Family Details (*those residing with applicant only*)

Name

Relationship

Occupation

1. ....

2. ....

3. ....

4. ....

5. ....

24. Any other information you may like to share with us.