



VISA SECTION
EMBASSY OF INDIA, ROME
Telephone/ Fax: 0039 - 06 - 4824252

APPLICATION FOR SPECIAL PERMIT (For Restricted/Protected Area)

1. Name of Applicant (Mr/ Mrs/Miss): _____
2. Nationality : _____
3. Occupation : _____
(If Government employee, appointment held _____)
4. (a) Address in India : _____
(b) Address abroad : _____
5. Passport No.: _____ Date: _____
Place of Issue: _____
6. (a) Place(s) within the proposed Restricted/Protected Area : _____
(b) Address in the Restricted/Protected Area: _____
7. Period of proposed visit: From _____ to _____
8. (a) Route intended to be followed while entering/leaving the Restricted/Protected Area: _____
(b) Mode of Journey: _____
9. Purpose of Visit : _____
10. Whether applied for a permit to visit restricted or inner-line area before.
If so, details thereof. Also indicate whether permit was granted and for what period: _____

Dated: / /

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