



# Application for Schengen Visa

This application form is free.



AFFIX THE PHOTOGRAPH AS PER THE SPECIFICATION MENTION IN WEBSITE

1 Surname (Family name) (s) <b>SHANTHA</b>		For official use only	
2 Surname at birth (Former family name(s)) (s)		Date of application:	
3 First name(s) (Given name(s)) (s) <b>KUMAR</b>		Visa section:	
4 Date of birth (Day-Month-Year) <b>12/01/1991</b>	5 Place of birth <b>Bangalore</b>	7 Current nationality: <b>India</b>	
6 Country of birth: <b>India</b>		Nationality at birth, if different:	
8 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9 Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify):		
10 In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian <b>NA</b>			
11 National identity number, where applicable <b>NA</b>			
12 Type of travel document <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify):			
13 Number of travel document <b>K1234567</b>	14 Date of issue <b>10/06/2010</b>	15 Valid until <b>12/06/2020</b>	16 Issued by <b>RPO Bangalore</b>
17 Applicant's home address, e-mail address <b>Current Residential address and email ID</b>		Telephone number(s) <b>91 8041501420 91 8042401420</b>	
18 Residence in a country other than the country of current nationality <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Residence permit or equivalent: <b>NA</b> Valid until: _____			
19 Current occupation <b>MENTION DESIGNATION</b>			
20 Employer and employer's address and telephone number. For students, name and address of educational establishment. <b>COMPLETE OFFICE ADDRESS WHERE YOUR WORKING</b>			
21 Main purpose(s) of the journey: <input checked="" type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Medical reasons <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Official visit <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (Please specify):			

NAME SHOULD BE AS PER THE PASSPORT

IF APPLICABLE MENTION MINOR DETAILS

MENTION IF APPLICABLE

CHOOSE APPROPRIATE CATEGORY

22 Member State(s) of destination <b>FRANCE</b>	23 Member State of first entry
24 Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input checked="" type="checkbox"/> Multiple entries	25 Duration of the intended stay or transit Indicate number of days

AS PER THE TICKET {ONLY SCHENGEN STATE CONSIDERED}

TOTAL NUMBER OF DAYS IN SCHENGEN AREA

The fields marked with \* shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields N° 34 and 35.  
(\*) Fields 1-3 shall be filled in accordance with the data in the travel document.

26 Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from ..... to .....	27 Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes <b>NA</b> Date, if known
28 Entry permit for the final country of destination, where applicable <b>NA</b> Issued by ..... Valid from ..... until .....	

SCHENGEN VISA ISSUED DURING THE PAST 3 YEAR

MENTION NA

APPLICABLE ONLY IN TRANSIT CASE

29 Intended date of arrival in the Schengen area <b>22/01/2015</b>	30 Intended date of departure from the Schengen area <b>30/01/2015</b>
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*31 Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s) <b>HOTEL NAME</b>
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ACCOMODATION DETAILS IF SOME ONE IS INVITING HOST PERSON ADDRESS NEEDS TO BE FILL

Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) <b>HOTEL ADDRESS</b>	Telephone and telefax <b>CONTACT NUMBER</b>
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*32 Name and address of inviting company/organisation <b>INVITING COMAPNAY NAME</b>	Telephone and telefax of company
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Surname, first name, address, telephone, telefax and e-mail address of contact person in company/organisation <b>INVITING COMPANY ADDRESS</b>
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THIS COLUMN IS FOR BUSINESS PURPOSE ONLY OTHER CATEGORY MENTION NA

*33 Cost of travelling and living during the applicant's stay is covered <b>SPONSOR NAME</b>
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<input type="checkbox"/> by the applicant himself/herself	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify
Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input checked="" type="checkbox"/> Resources covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)

YOU CAN CHOOSE ANY OPTION

ALWAYS CHOOSE THIS OPTION

34 Personal data of the family member who is an EU, EEA or CH citizen			
Surname		First name(s)	
Date of birth	Nationality	Number of travel document or ID card	
	NA		
35 Family relationship with an EU, EEA or CH citizen			
<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant			
36 Place and date		37 Signature (for minors, signature of parental authority/legal guardian)	
BANGALORE SUBMISSION DATE (20/01/2015)			

IF IT IS APPLICABLE MENTION THE DETAILS

SIGNATURE OF THE APPLICANT IF ITS FOR MINOR (BELOW 18 YEAR) FATHER AND MOTHER OR GAURDIAN SIGNATURE IS REQUIRED

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field No. 24):

I am aware of the need to have an adequate travel medical insurance for my first stay and subsequent visits to the territory of Member States.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annual, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) <sup>(1)</sup> for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfill these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is: Commission Nationale de l'Informatique et des Libertés - 8,rue Vivienne - 75083 Paris cedex 02 - France

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State (Commission Nationale de l'Informatique et des Libertés - 8,rue Vivienne - 75083 Paris cedex 02 - France) will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted any may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No. 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

SIGNATURE OF THE APPLICANT IF ITS FOR MINOR (BELOW 18 YEAR) FATHER AND MOTHER OR GAURDIAN SIGNATURE IS REQUIRED

Place and date	Signature (for minors, signature of parental authority/legal guardian)
BANGALORE SUBMISSION DATE (20/01/2015)	

(1) In so far as the VIS is operational