Appendix V

Important Note:

1. This letter should be on official stationary/letterhead of the Hospital.
2. All columns are mandatory and this letter shall not be accepted if any column is left unfilled.

Letter No.:………………………………… Date:…………………..

To,

The Visa Officer/Consular Officer

Indian Consulate/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 …. ………..(Specialty).

The cost of treatment will be approximately……. (cost) and the duration of the treatment will be ……… (duration).

Passport details are given below for your kind reference.

Name of the Patient ……….

Passport number………….

Name of the companion (Attendant)…………

Passport number ………….

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

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

Yours sincerely

Authorized Signatory

Name:……………………….

Telephone number: ………

Fax number: ……………….

Email: ……………….