

Checklist for

Medical Visa

Note : Take a printout of this checklist form and tick the documents enclosed in your application, put your name, signature and date at the bottom

1. Printed copy of the duly filled online application form at the Indian Government's Visa Portal. (Applicant should sign the application on first page below the photo and on the last page at designated place).
2. Original Passport with more than six months validity as on date of expected date of journey and 2 blank pages along with a photocopy of the personal information page(s).
3. 01 recent photograph (51mm x 51mm). Application with wrong photo specifications may lead to rejection the applicaiton.
4. Self-attested photocopy of Proof of Current address in Germany (City Registration/ Meldebesatigung / Anmeldung / personalauweis) of the applicant.
5. Additional Form & Documents for Passport holders other than German nationals including proof of valid German Residence Permit / Visa:
6. Confirmation letter from the hospital/institution in India for medical treatment (APPENDIX-XIII). All applicants for medical visa are required to generate the invitation letter which is mandatory to be submitted along with the visa application.
7. Letter from the hospital/doctor in Germany attesting the need for treatment in India.
8. Bank statement showing sufficient funds for medical expenses.
9. Additoinal documents for minors applicants: Birth Certificate of the applicant, passport copies of the parents and Consent letter signed by both parents or custody letter of a local court (if applicable).
10. Additional documents for medical attendants;
 - Recommendation letter from the hospital/institution in India for medical treatment. All applicants for medical attendant visa are required to generate the invitation letter which is mandatory to be submitted along with the visa application.
 - Passport copy of the principal medical visa applicant/holder.
11. Proof of payment of the applicable fee (if made through bank transfer).

12. Print and enclose the Applicant Consent Form.



Name :

Signature :

Date :