



INTERNATIONAL STUDENTS DIVISION

SUBMISSION FORM FOR VISA APPLICATION

BATCH NO

DATE OF SUBMISSION TO EMGS

TYPE OF APPLICATION (PLEASE TICK ✓)

NEW

RENEWAL

CANCELLATION

APPLICANT'S NAME

PASSPORT NO. _____ COUNTRY _____

*** Please attach a copy of data page of passport**

MARKETING STAFF'S NAME

DATE

<input type="checkbox"/> PASSPORT	<input type="checkbox"/> MEDICAL CHECK-UP
<input type="checkbox"/> *All pages (CLEAR & FULL PAGE)	<input type="checkbox"/> *Name & Passport No. as in passport
<input type="checkbox"/> *20 months of passport validity	<input type="checkbox"/> *Written in CAPITAL LETTER by HAND
<input type="checkbox"/> PHOTO	<input type="checkbox"/> *All sections are completed
<input type="checkbox"/> *White background	<input type="checkbox"/> *Attached with MEDICAL REPORT
<input type="checkbox"/> *High Definition	<input type="checkbox"/> *Yellow Fever Card (Africa Countries)
<input type="checkbox"/> HIGH SCHOOL CERTIFICATE	<input type="checkbox"/> *M/C done within 90 days b4 arrival
<input type="checkbox"/> *Certified Translation	<input type="checkbox"/> * No Objection Certificate (if any)
<input type="checkbox"/> *Name as in Passport	<input type="checkbox"/> PAYMENT for Visa Processing

REMARKS:

FOR ISD USE ONLY

ACCEPTED

REJECTED

CHECKED BY: _____ APPROVED BY: _____

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ISD OFFICER GENERAL MANAGER

REASON OF REJECTION

<input type="checkbox"/> PASSPORT VALIDITY	<input type="checkbox"/> INFORMATION IN M/C UNMATCH
<input type="checkbox"/> PASSPORT COPY NOT CLEAR	<input type="checkbox"/> ORIGINAL COPY OF H/SCHOOL CERT.
<input type="checkbox"/> PASSPORT PAGES INCOMPLETE	<input type="checkbox"/> TRANSLATION OF H/SCHOOL CERT.
<input type="checkbox"/> PHOTO BACKGROUND	<input type="checkbox"/> INFORMATION IN TRANSLATION UNMATCH
<input type="checkbox"/> PHOTO NOT CLEAR/ NOT HD	<input type="checkbox"/> OTHER:
<input type="checkbox"/> MEDICAL CHECK UP INCOMPLETE	<input type="checkbox"/>