

REGISTRATION FORM FOR NRIs/PIOs

To **CONSULATE GENERAL OF INDIA, HAMBURG**
Graumannsweg 57, 22087 Hamburg
Tel.: 040 338036, 040 324744, 040 330557, Fax: 0 40-323757

1. Surname: Familienname:			
2. Given Name: Vorname:			
3. Place & Date of Birth:			
4a. Nationality at birth:		4a) Present Nationality:	
5. a) Passport No:	b) Date of issue:	c) Place of issue:	d) Date of Expiry:
6. a) Educational Qualification:			
b) Specialization:			
7. Address in Germany:			
8. Resident in Germany since:			
9. Contact particulars			
a) Telephone: (Office)		b) Telephone: (Residence)	
c) Mobile:		d) E-mail ID:	
10. Present Employment:			
a) Employer's Name & Address:			
b) Contact numbers of Employer:			
11. Previous work experience:			
12. If married, name and Nationality of spouse:			
13. Number of children:			
14. In case of an emergency, person to be contacted in India. His/Her address and phone number, e-mail, address			
15. Any other information regarding your present stay/work in Germany:			
_____	_____	_____	
Place	Date	Signature	