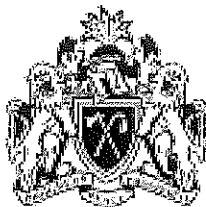


THE GAMBIA HIGH COMMISSION
 B-19 Vasant Marg, Vasant Vihar
 New Delhi – 110057. INDIA
 Tel: 0091-11-46120472
 Fax: 0091-11-46120471
 Email: gamhighcomdel@hotmail.com



Photograph to be
 pasted here

PURPOSE OF VISIT

 Number of Entries desired:

VISA APPLICATION FORM

OFFICE HOURS:
 MONDAY TO FRIDAY
 10:00AM—13:00PM

Mr. **Mrs.** **Miss**

.....
 Given Names (IN CAPITAL LETTERS) Last Name

Nationality.....

Nationality at Birth.....

Birth place.....

Profession (specifying post at present held).....

Permanent address.....

.....
(If different from above)

Present address in India

..... Tel:

Name, dates and places of birth of minor children
(If accompanying you on your passport)

NAME DOB PLACE OF BIRTH SEX

1.....
 plete

2.....

3.....

PASSPORT/TRAVEL DOCUMENT

No

Issued at

Date of issue

Expiry date

Date(s) of arrival in The Gambia: (1)

(2)

Duration of proposed stay

Proposed address in The Gambia

.....

I confirm the information given is true and com-

SIGNATURE

DATE

FOR OFFICIAL USE

Receipt No
 Type of Visa: TOURIST/BUSINESS/OFFICIAL/TRANSIT
 Entries No
 Date of Issue Expiry Date
 Fee
 Signature.....

- Check List
1. Passport (Photocopy)
 2. Two Passport Size photos
 3. Certificate of Yellow Fever vaccination
 4. Sponsoring/Endorsement/Invitation letter
 5. Three months Credit Card/Bank statement

CONSULAR SECTION

PLEASE SEE OVERLEAF FOR VISA REGULATIONS