

## **Application for Schengen Visa**

## This application form is free

РНОТО

## Austrian Embassy New Delhi

Surname (Family name) (x)					RESERVED FOR OFFICIAL USE
Surname at birth (Former family na	Datum des Antrags:				
3. First name(s) (Given name(s)) (x)					Nr. des Visumantrags
4. Date of birth (day-month-year)  8. Sex:	<ul> <li>5. Place of birth</li> <li>6. Country of birth</li> <li>9. Marital status</li> <li>□ Single</li> </ul>			nationality ity at birth, if different:	Antrag eingereicht bei  Botschaft/Konsulat  Gemeinsame Antragsbearbeitungsstelle Dienstleistungserbringer Kommerzieller Vermittler Grenze
□ female	□ Married □ Widow(er	<ul><li>Divorced</li></ul>			Name:
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authori-					□ Sonstige Stelle
ty/legal guardian  11. National identity number, where ap		поготи полт арриосал	o o and nation	anty of paromai aumon	Akte bearbeitet durch:
12. Type of travel document  Ordinary passport  Diplomatic passport  Service passport  Official passport  Special passport  Other travel document (please special)					Belege:     Reisedokument     Mittel zur Bestreitung des Lebensunterhalts     Einladung     Beförderungsmittel     Reisekrankenversicherung     Sonstiges:  Visum:     Abgelehnt
13. Number of travel document 14. [	Date of issue	15. Valid until	16.	Issued by	□ Erteilt:
17. Applicant's home address and e-mail address  Telephone number(s)					□ A □ C □ Visum mit räumlich
18. Residence in a country other than to No No Yes Residence permit or equivalent No. Vali  19. Current occupation*  20. Employer and employer's address establishment.	id until			ddress of educational	beschränkter Gültigkeit  Gültig  vom  bis  Anzahl der Einreisen:  1 □ 2 □ mehrfach  Anzahl der Tage:
establishment.					

21. Main purpose(s) of the journey:		RESERVED FOR OFFICIAL USE
	□ Study □ Airport transit □ Transit	Zulässigkeitsprüfung d. Antrags:
22. Member State(s) of destination	23. Member State of first entry	Sachbearbeiter:
24. Number of entries requested:  □ Single entry  □ Two entries  □ Multiple entries	25. Duration of the intended stay or transit: Indicate number of days	Datum:
26. Schengen visas issued during the past three years:  □ No □ Yes Date(s) of validity from to	□ Zulässig □ Unzulässig Art d. beantragten Visums □ Flughafentransit (A) □ Kurzfr. Aufenthalt (C)	
27. Fingerprints collected previously for the purpose of apply □ No □ Yes □ Date, if known:	□ Langfr. Aufenthalt (D)	
28. Entry permit for the final country of destination, where ap Issued by valid from until	plicable:	
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area	
*31. Surname and first name of the inviting person(s) in the Member State(s)	Member State(s). If not applicable, name of hotel(s) or	
Address and e-mail address of inviting person(s)/hotel(s)	/temporary accommodation(s)	
Telephone and telefax		
*32. Name and address of inviting company/organisation		
Telephone and telefax of company/organisation		
Surname, first name, address, telephone, telefax, and e-	mail address of contact person in company/organisation	
*33. Cost of travelling and living during the applicant's stay is	covered	
	by a sponsor (host, company, organisation) lease specify	
□ Traveller's cheques □ Credit card □ Pre-paid accommodation □ Pre-paid transport □ Other (please specify)	referred to in field 31 or 32  Means of support Cash Accommodation provided All expenses covered during the stay Pre-paid transport Other (please specify)	
34. Personal data of the family member who is an EU, EEA	or CH citizen	
Surname: First name(s):		
Date of birth:		
Number of travel document or ID card:		
35. Family relationship with an EU, EEA or CH citizen □ spouse □ grandchild □ child □ dependent ascendant		

36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian)

- \* The fields marked with \* shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.
- (x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field no 24)

I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is the Bundesministerium für Inneres, Herrengasse 7, A-1014 Wien, Tel. +43-(0)1-531 26-0, post@bmi.qv.at

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State [ www.dsk.gv.at ] will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application. I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date	Signature (for minors, signature of parental authority/legal guardian)		