

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