

Checklist for Medical Visa Application (For patients & Doctors)

就医签证申请审核表

Name: _____ (姓名)	Purpose of Visit: _____ (访问目的)			
Passport Number: _____ (护照号)	Group No. if relevant: _____ (团号, 如有)			
		Yes / 有?	No/ If not, why not? 没有? 如没有, 注明原因	For official use: documents present
1.	Completed and signed application form? (Signature on application form and passport should be the same.) 填写完整并在申请表上签名? (护照与申请表需签名一致)			
2.	One copy of the passport (the personal data page and signature page) and one copy of residence permit or work permit in case of foreign nationals (Signature on the Passport should be in ink and not with pencil.) 一份护照复印件(信息页和签名页)和居留许可或工作许可(外籍申请人)复印件(须使用墨水笔在护照上签名,不可用铅笔)			
3.	Correct fee? 费用正确?			
4.	Recent 5cm x 5cms, front pose, full face photograph where the ears are visible in white backdrop. (Scanned Photo will not be accepted.) 近期 5CM*5CM 白色背景的正面照片,面部与双耳图像清晰(不接受扫描或不清晰的照片)			
5.	Original Recommendation of the doctor attending on the patient in China 该病人在中国的主治大夫的推荐信原件			
6.	Original/faxed Letter from the hospital in India confirming appointment/ acceptance for treatment 印度医院出具的确认该病人预约治疗的信函或同意住院的确认函			
7.	Copy of the Chinese ID card. (both sides) (Not required for non-Chinese nationals) 正反面身份证复印件(非中国籍申请人不需要)			
8.	(If applicant is a Doctor) Self-certification by the applicant that he will not perform any surgical procedures in India. (如果申请人是一名医生)在印度不会行医的证明。			

Inquiry Officer to delete as appropriate (资料审核员根据适用情况选择)

1. The applicant has confirmed that s/he has no other documents to submit OR
申请人已经确认她/他不提交其他文件 或者

2. The applicant has submitted the supporting documents above. I have advised him / her that failure to submit all necessary documents may result in the application taking more than normal processing time or being refused, but s/he has chosen to proceed with the application
申请人已经递交了上述文件, 我已通知其不提交所有必要文件会导致被拒签, 但其选择继续提交请。

VISA Fee (签证费)		Name of applicant/representative submitting application 递交申请的申请人/代理人名称	
Service Fee (服务费)		Address 地址	
Courier Fee(If any) 快递费 (如选)			
Other Fees (其他费用)		TEL 电话	

Name & Signature of Inquiry Officer (资料审核员签名)

Date/日期:

Applicant/ Representative's Signature (申请人/代理人签名)

IO	
SO	
DO	
PRO	
SCAN	
DC	