MEDICAL VISA

LIST OF DOCUMENTS REQUIRED FOR A MEDICAL VISA

1	Original passport valid for a minimum of 6 months (or for the validity requested, if greater) and having at least 2 blank visa pages and copy		
2	Two photographs conforming to Indian Government norms as per specifications mentioned on our website		
•	A Photo service complying to the Indian norms is available in our offices		
3	An Indian Government visa application form duly filled in online and signed on pages 1 and 2 (online form link: $\frac{https://indianvisaonline.gov.in/visa/index.html}{})$		
4	A letter from the doctor in Spain, addressed to the Consular Section of the Embassy of India in Madrid confirming that the applicant is required to go to India for treatment. This letter must be written in English and on official letterhead.	-	
	A letter from the hospital specifying the following information: The full name and address of the hospital in India Applicant details: full name and passport number The treatment that the applicant will undergo while in the hospital The approximate dates on which the applicant must be in India to carry out this treatment		
6	Photocopy of the Certificate of Registration of the hospital or clinic		
7	Declaration form: to be filled in by all applicants submitting any application		
8	Additional documents mentioned below as per your case		
	LIST OF ADDITIONAL DOCUMENTS		
•	he applicant is not holding a Spanish passport Registration Certificate from the concern City Council/Municipal (minimum period of stay in Spain is 2 years), with an issue date which should not exceed 180 days. Referral form duly filled in Capital Letters	-	
If the applicant obtained Spanish nationality by naturalization and previously held Bangladeshi, Pakistani or Sri Lankan nationality • Literal Birth certificate. (Certificación literal de nacimiento) • Nationality certificate proving when Spanish nationality was obtained			
		_	
	he applicant is a minor under the age of 12 Authorisation form filled and signed by both parents Copy of passport or national identity card of both parents		
I hereby certify that I have submitted a complete application and that I know and accept the minimum processing times required for my visa application.			
	Date: Signature:		

MEDICAL BLS International