

# INDIAN VISA APPLICATION CENTER, BEIJING

## Checklist for Medical Attendant Visa Applications

### 就医陪同签证申请审核表

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.	Proof of relationship with the patient (Marriage Certificate, Birth Certificate, Family Register, etc) 与病人的关系证明(结婚证, 出生证, 户口本 等)		
6.	Recommendation of the doctor for the attendant to accompany the patient? 医生出具的该病人需要陪同的建议信		
7.	Copy of the Medical Visa of the patient. 病人就医签证的复印件。		
8.	Copy of the Chinese ID card. (both sides) (Not required for non-Chinese nationals) 身份证正反面复印件(非中国籍申请人不需要)		

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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	

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

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Date/日期:

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

IO	
SO	
DO	
PRO	
SCAN	
DC	