

# Application for National Visa

This application form is free

PL



1150110230004400555

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PHOTO

1. Surname (Family name) (x) <b>DAS</b>				WYŁĄCZNIE DO UŻYTKU SŁUŻBOWEGO	
2. Surname at birth (Former family name(s)) (x) <b>DAS</b>				Data złożenia wniosku	
3. First name(s) (Given name(s)) (x) <b>HAREESH</b>				Numer wniosku	
4. Date of birth (day-month-year) <b>10-10-2000</b>		5. Place of birth <b>THODUPUZZHA</b>	7. Current nationality: <b>INDIA</b>		
		6. Country of birth <b>INDIA</b>	Nationality at birth, if different:		
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced  <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			
10. In the case of minors: surname, first name, address (if different from applicant's), telephone number, e-mail address and nationality of parental authority/legal guardian				Wniosek złożono <input type="checkbox"/> w ambasadzie lub konsulacie <input type="checkbox"/> we wspólnym ośrodku przyjmowania wniosków <input type="checkbox"/> u usługodawcy <input type="checkbox"/> u pośredniczącego podmiotu komercyjnego	
11. National identity number, where applicable				Nazwa: <input type="checkbox"/> inne	
12. Type of travel document <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)				Wniosek przyjęty przez:	
13. Series and number of travel document <b>B9532723</b>	14. Date of issue <b>2024-01-09</b>	15. Valid until <b>2034-01-08</b>	16. Issued by (indication of State) <b>REPUBLIC OF INDIA</b>		
17. Applicant's home address and e-mail address <b>THUSHARAALGATE@GMAIL.COM</b> <b>INDIA, INDIA</b> <b>686662 ERNAKULAM, KIZHAKKEKUZHIPILLIL</b>			Telephone number(s) <b>91 9544340971</b>		
18. Residence in a country other than the country of current nationality <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Residence permit or equivalent ..... No ..... Valid until				<input type="checkbox"/> Termin ważności:	
* 19. Current occupation <b>Student, trainee</b>				Od .....	
* 20. Name, address and telephone number of the employer. In the case of students – the name and address of the school/educational establishment. In the case of students or doctoral students – the name and address of the headquarters of the institution conducting undergraduate studies, graduate studies or uniform master's studies or education at a doctoral school, and information about the field of study, and in the case of a doctoral school – information about scientific or artistic disciplines, as well as information about the semester or year <b>MAHATMAGANDHI UNIVERSITY</b> <b>INDIA, KOTTAYAM, 686560 KERALA, PRIYADARSINI HILLS POST UNIVERSITY CAMPUS RD ATHIRAMPUZZHA</b> <b>914812731007</b>				Do .....	
21. Main purpose(s) of the journey <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reason <input checked="" type="checkbox"/> Study <input type="checkbox"/> Other (please specify)				Liczba wjazdów: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> wielokrotny	
				Liczba dni:	

22. Member State(s) of destination -----POLAND-----	23. Member State of first entry POLAND	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input checked="" type="checkbox"/> Multiple entries	25. Duration of the intended stay of transit Indicate number of days 365	

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 35 and 36.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen or national visas issued during the past five years <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Dates(s) of validity from ..... to ..... Dates(s) of validity from ..... to ..... Dates(s) of validity from ..... to ..... Dates(s) of validity from ..... to ..... Dates(s) of validity from ..... to .....		
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date, if known: .....		
28. Entry permit for the final country of destination, where applicable ----- NOT APPLICABLE -----		
29. Intended date of arrival to the Republic of Poland 2024-11-20	30. Intended date of departure from the the Republic of Poland 2025-11-19	
* 31. Surname and first name of the inviting person(s) in the the Republic of Poland. If not applicable, name of hotel(s) or temporary accommodation(s) in the the Republic of Poland.		
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 WARSAW MANAGEMENT UNIVERSIT POLAND, 03772 WARSAW, KAWECZYNSKA 36		Telephone and telefax of company/organisation 48 225900700
Surname, first name, business address, business phone number, telefax, and business e-mail address of contact person in company/organization		
* 33. Cost of travelling and living during the applicant's stay is covered by:		
<input checked="" type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)

34. Information on the work permit, certificate of entry of the application on to the register of seasonal work applications, declaration of entrusting work to a foreign national or exemption from the obligation to possess a work permit.		
35. Personal data of the family member who is an EU, EEA or CH citizen		
Surname		First name(s)
Date of birth	Nationality	Number of travel document of ID card
36. Familia relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant		
37. Place and date	38. Signature (in the case of a minor, signature of the parents or legal guardians appointed by the court or other competent authority, or signature of one of the parents, if parental authority is vested only in that parent, or a legal guardian appointed by the court or other competent authority; for an unaccompanied minor – a legal guardian or other entity representing the minor appointed by a court or other competent authority; for a completely incapacitated person – a legal guardian appointed by a court or other competent authority)	

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

Applicable in case a multiple entry national visa is applied for (cf. Field No 24):  
 I am aware of the need to have an adequate travel health insurance in the meaning of regulations on health care benefits financed out of public funds or travel health insurance for my first stay and any subsequent visits to the territory of the Republic of Poland.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that lodging an application or providing documents containing false personal data or false information, as well as declaring untruth, concealing the truth, falsifying, counterfeiting, or forging a document in order to use it as authentic or using it as authentic in a national visa procedure will lead to refusing the national visa or annulling an issued national visa. I am also aware that under Polish law, such conduct amounts to an offence that can be punished by fine, restriction on liberty or imprisonment.

I undertake to leave the territory of the Republic of Poland at the latest on the last day of the period of my stay authorized by the national visa.

I am aware that possession of a national visa is only one of the conditions to enter the territory of the Republic of Poland. The mere fact that a national visa has been granted to me does not mean that I will be entitled to compensation if I fail to meet the entry conditions set forth in the Act on Foreigners and I am therefore refused entry into the territory of the Republic of Poland. The entry conditions will be verified again on arrival in the territory of the Republic of Poland.

I am aware that the issued national visa may be revoked if I no longer meet the conditions for issuing it.

When filing the application for a national visa for the purposes of undertaking or continuing full-time first or second cycle degree programme, uniform Master's degree studies, or for the purposes of undertaking PhD studies, carrying out research or development work, undergoing an internship or joining the European Voluntary Service, if you failed to submit all documents necessary to verify the details included in the application and the grounds for filing the visa application, you have the right to submit them within seven days of filing the application.

Place and date	Signature (in the case of a minor, signature of the parents or legal guardians appointed by the court or other competent authority, or signature of one of the parents, if parental authority is vested only in that parent, or a legal guardian appointed by the court or other competent authority; for an unaccompanied minor – a legal guardian or other entity representing the minor appointed by a court or other competent authority; for a completely incapacitated person – a legal guardian appointed by a court or other competent authority)
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<sup>1</sup> In so far as the VIS is operational.

# APPOINTMENT FORM



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Date of the appointment	2024-10-23 time: 10:20
Type of matter	Wiza krajowa - WYŁĄCZNIE studenci I roku studiów licenc. i mgr
Type of appointment	
Location	Consulate General of the Republic of Poland in Mumbai Trade Centre, First Floor, 'G' Block, Bandra Kurla Complex, Bandra (East), Phone +91 22 22852631, Fax +91 22 22852638
Form Number	1150110230004400555
Cancellation code	fd0c81603f
<b>Contact details</b>	
Name	HAREESH
Surname	DAS
Passport or other identity document number	B9532723
Phone	91 9544340971
E-mail address	THUSHARAALGATE@GMAIL.COM
<b>Matter description</b>	
	
To cancel your appointment, go to the e-Consulate website ( <a href="https://secure.e-konsulat.gov.pl/">https://secure.e-konsulat.gov.pl/</a> or <a href="https://secure2.e-konsulat.gov.pl/">https://secure2.e-konsulat.gov.pl/</a> ), select the appropriate consulate, select "Cancel appointment" from the menu and enter the form number and the cancellation code.	