

designated online portal as referred to in clause (b) of sub-rule (1) of rule 12 before the Commissioner of Bureau of Immigration in Form VII and shall pay a fee of five thousand rupees through electronic mode or such other mode.

(2) On receipt of the appeal, the Commissioner of Bureau of Immigration, after giving the parties a reasonable opportunity of being heard, shall pass a reasoned order and endeavor to complete the proceedings ordinarily within sixty days from the date of receipt of the appeal.

24. Liability of carrier to furnish information.— Every carrier shall, when required, provide information to the District Magistrate or Commissioner of Police or, where there is no Commissioner of Police, Superintendent of Police or the civil authority or the Immigration Officer, of passenger and crew manifest in Form V or Form VI, as the case may be.

25. General Declaration furnished by carrier to Immigration Officer.—(1) Every carrier shall submit a general declaration to the Immigration Officer in Form VIII prior to the departure of the flight, vessel or other mode of transport at D-45 minutes, where D is the scheduled departure time.

(2) No flight or vessel or other mode of transport shall be permitted by the carrier to depart from a port of place in India until the Immigration Officer has given clearance on such general declaration.

FORM I

[See rule 12(1)(b)]

APPLICATION FOR REGISTRATION

**RECENT
PHOTOGRAPH**

Personal Details	
Surname (as in passport):	
Given Name (as in passport):	
Nationality:	
Passport No.:	
Date of Birth:	
Phone no:	
email—	
Place of Birth:	
Previous Nationality (If any):	
Manner of acquiring present nationality:	
Date of acquiring present nationality: (DD/MM/YYYY)	
Whether holding dual nationality? No Yes	
Whether person of Indian Origin? No Yes	
Address of last residence (Outside India)	
Address:	
City:	
Country:	

Address intended for longer stay in India (Registration)	
Address	
State	
City/District	
Country	
Pin Code	
Phone No.	
Mobile No.	
Any other addresses in India	<input type="checkbox"/> <i>(Should be mandatory if Check box is checked)</i>
Address	
State	
City/District	
Pin Code	
Phone No.	
Mobile No.	
Organization/Company/Institute/Hospital Details	
Name	
Address	
Phone No.	
Email	
Previous Registration in India details (if any)	
Details of family members/attendants/dependents, if any accompanying	
If accompanying, you	No Yes
Person to be contacted in case of emergency	
Name	
Relationship	
Address	
City	
Country	
Phone Number	
Have you served in Military/Navy or Air Force or Reserve Force of any country? No Yes	
<i>(After clicking Yes, Organization, Designation, Place of last posting should be filled)</i>	

FORM II

[See rule 16]

FOREIGN STUDENTS INFORMATION SYSTEM

[Earlier Form 'A']

RECENT PHOTOGRAPH

Student Information (to be furnished within 24 hours from the time of admission)	
Passport No.	
Visa No./OCI No.	
Surname	
Given Name	
Date of Birth	
Nationality	
Phone No.	
Email id	
Address in India	
SII Portal No. (Wherever applicable)	
Institution Admission No.	
Date of Joining in Institution	
Sponsoring Agency (if applicable)	
Course Details (to be furnished within 24 hours from the time of admission)	
Course Name	
Course Pattern	Non-Semester/Semester/Short-term
Course Duration	From Date: _____ To date: _____
Fee Structure	
Registration with FRRO	
Registration Certificate Number	
Change of Course details	
Course Name	
Course Pattern	Non-Semester/Semester/Short-term
Course Duration	From Date: _____ To date: _____
Fee structure	
Academic Performance Entry (To be furnished Semester-wise; attendance details to be furnished half-yearly)	
Attendance	Regular/Irregular
Examination conducted	Yes/No
Result	Pass/Fail
General Conduct of Student	Good/Bad
Enter details about Conduct	Remark Entry
Eligible to continue Course	Yes/No
Exit Entry (Details of Student Exit from Institution (to be furnished within 24 hours from the time of completion of the course/ date of exit from the institute/ course))	
Student's Exit Information	Date: _____
Reason to Exit	Course completed/discontinued by student/terminated

FORM III

[See rules 16, 17 (5) and 18(5)]

[Earlier FORM 'C']

REPORT ON FOREIGNERS ACCOMMODATED OR ADMITTED TO BE FURNISHED BY KEEPER OF ACCOMMODATION AND BY HOSPITAL, NURSING HOME AND OTHER MEDICAL INSTITUTIONS

Photograph

1. Name & Address of the premise where accommodation is provided:	
2. Phone/Mobile No. of place of stay	
Foreigner details	
i) Name of foreign visitor in Full: (as give in passport)	
ii) Nationality	
iii) Passport Number	
iv) Visa details:	
Visa Number/OCI No.	
Type	
v) Contact Ph. In India	
vi) Email Id.	
vii) Other details/remarks	
Arrival details (check in time)	
i) Arrived from	
ii) Date of arrival	
iii) Time of Arrival	
iv) Purpose of Visit:	Tourism <input type="checkbox"/> Business <input type="checkbox"/> Employment <input type="checkbox"/> Medical <input type="checkbox"/> Student <input type="checkbox"/> Conference <input type="checkbox"/> Others <input type="checkbox"/> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">Detail</div>
v) Previous place of stay	

Departure details (check out time)	
i) Date of Departure	
ii) Time	
iii) Next Destination/proceed to	
Intimation of birth and death of foreigners by hospitals (within 07 days)	
Information in respect of any children born to foreigners (either or both the parents are foreigner):	
Information in respect of death of any foreigner in their place.	

FORM IV
[See rule 19(1)]
APPLICATION FOR CHANGE OF NAME

RECENT PHOTOGRAPH

1. Name as in the Old Passport	
2. Old Passport number with validity	
3. New Name	
4. New Passport number with validity if any	
5. Type of visa	
6. e-mail	
7. Mobile number	
8. Address in India	
9. Reason for change of name	
Documents in support of change of name	
i) Letter from the embassy endorsing change of name	
ii) Change of name document issued by the competent authority of native country	
iii) Undertaking on re-entry to India in case of exit will be on the change of name in passport or travel document and shall subject himself/herself to fresh bio-metric enrolment.	

Signature

6.	Whether opportunity for hearing provided to the carrier:	Y/N
7.	Grounds for appeal:	
8.	Additional document in support of appeal:	
9.	File Reference Number:	
10.	Order issued by:	
11.	Order issued on:	

FORM VIII

[See rule 25(1)]

FORM OF GENERAL DECLARATION TO BE SUBMITTED BY CARRIER TO IMMIGRATION OFFICER UNDER SUB-SECTION (12) OF SECTION 17 OF THE ACT**GENERAL DECLARATION
(Outward/Inward)**

Operator.....

Marks of Nationality and Registration..... Flight No.....Date.....

Departure from.....Arrival
at.....

(Place)

(Place)

FLIGHT ROUTING (“Place Column always to list origin, every en-route stop and destination)			
PLACE	NAME OF CREW*	PASSPORT NO.	NUMBER OF PASSENGERS ON THIS STAGE**
			Departure Place:
			Embarking.....
		
			Through on same flight.....
			Arrival Place:
			Disembarking.....
		
			Through on same flight.....
Declaration of Health Name and Seat number or function of persons on board with illnesses other than air-sickness or the effects of accidents, who may be suffering from communicable disease (a fever temperature 38 ⁰ C/100 ⁰ F or greater--- associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; Persistent coughing; impaired breathing; Persistent Diarrhea; Persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop			

Details of each disinfecting or sanitary treatment (place, date, time, method) during the flight. If no disinfecting has been carried out during the flight, give details of most recent disinfecting..... ... Signed, if required with time and date..... Crew member concerned	
I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight. SIGNATURE..... Authorized Agent of Pilot-in-command	

Size of document to be 210mm x297mm (or 8 ¼ x 11 ¾ inches)

* To be completed when required by the State

** Not to be completed when passenger manifests are presented and to be completed

[F. No.25022/03/2025-F.I]

NITESH KUMAR VYAS, Addl. Secy.