

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	
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"/> Detail
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.	
