



# APPLICATION FORM

( Registration Extension and Visa Extension )



170919E3J750

Application ID No. **170919E3J750** Final Submission Date **Wed Sep 18 16:29:51 IST 2019**

**FOR OFFICE USE ONLY**

Reg. No. **B 0 0 9** **A F G** **2 0 1 9**

**Personal Details**

Surname	AZIZI				
Given Name	MURSAL				
Sex	Female	Date of Birth	24/05/1993	Height (in cm)	0
Age as on today	Year(s) 26	Month(s)	3	Day(s)	25
Place of Birth	GHOR,GHOR,AFGHANISTAN				
Father's Name	ABDUL AHAD				
Mother's Name	SALIMA				
Spouse's Name					
Religion	ISLAM	Any Identification mark(s) preferably visible	SMALL BLACK WOUND MARK IN RIGHT HAND		

Paste your  
Recent passport size  
photograph here

Present nationality	AFGHANISTAN	Previous nationality	
Manner of acquiring present nationality	Birth		
Date of acquiring present nationality			
Whether holding dual nationality? If yes, provide the following:-	NO		
	Name of the country of second nationality		
	Passport No. of second country		
	Date of Issue		
	Date of Expiry		
	Whether travelled on this passport earlier to India		

Whether person of Indian Origin

**Address of last residence (Outside India)**

Address	LYSA MARYAM- KHAIRKHANA		
City	KABUL	Country	AFGHANISTAN

**Address intended for longer stay in India (Registration)**

Address	PALLIVATHUKKAL KANNAMPILLY HOUSE, 26/2531, NEAR SH COLLEGE, THEVARA S.O. ERNAKULAM		
City/ District	COCHIN	State	KERALA
Pin Code	682013		
Phone Number		Mobile Number	6238484770

**Any Other Address in India**

Address			
City/ District		State	
Pin Code			
Phone Number		Mobile Number	

**Email/Occupation/Profession Details**

E-Mail Id	mrs1.azizi@yahoo.com		
Profession/Occupation	STUDENT		

**Passport Details**

Passport Number	O1953886	Place of Issue	AFGHANISTAN, KABUL
Date of Issue	18/01/2017	Expiry Date	18/01/2022

**Visa Details**

Visa Number	VK9044739	Place of Issue	AFGHANISTAN, KABUL
Date of Issue	21/10/2018	Expiry Date	20/10/2019
Valid For	Triple Entry	Visa Type	STUDENT VISA
Special endorsement, if any			

**Organization/Company/Institute/Hospital Details**

Name	SACRED HEART COLLEGE		
Address	PANDIT KARUPPAN ROAD THEVARA		



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Application ID No.

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State	KERALA	City	COCHIN
Telephone Number	04842663380	Email ID	sajoy.shcollege@gmail.com
Employer EPFO ID		Establishment ID	

**Arrival Details**

Place of embarkation/boarding for India	KABUL,KABUL,AFGHANISTAN		
Date of arrival in India	02/11/2018		
Place of disembarkation/arrival in India	DELHI		
Mode of Journey	Air	Flight/ Ship/ Bus/ Train No.	
Purpose of visit to India	Studies		

**Previous Registration Details in India**

Registration Number	Place of Registration	Visa Type	Duration From	To
KL0200042419	KERALA,COCHIN	STUDENT VISA	22/04/2018	20/10/2019

**Details of family members/attendant/dependents, if any accompanying.**

Name	Nationality	Passport Number	Relationship
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**Person to be contacted in Case of Emergency**

Name	SAJOY PB	Relationship	INTERNATIONAL OFFICE CONVENOR
Address	SACRED HEART COLLEGE, THEVARA	City	COCHIN
Country	INDIA	Phone Number	9895164350
Category	Others		

**Military service details**

Organisation		Designation	
Rank		Place of Last Posting	
Country of Last Posting			

**Current Registration Details**

Are you registered in current locality FRRO/FRO in the current visit?	YES	Current Registration No.	KL0200042419
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**Current Extension Details**

Have you got extended visa in current visit in current locality FRRO/FRO?	NO	Current Extension No.	
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**Visa Extension Details**

Whether previously in India?	YES	Whether permission to stay in India has been previously refused?	NO			
		Whether permission to extend stay in India has been previously granted?	NO			
Period of Extension required	Year(s)	0	Month(s)	11	Day(s)	11
Reason for extension	CONTINUING STUDIES					
In case of Missionary - Nature of work						

**Registration Extension Details**

Current Registration Valid Upto	20/10/2019	Required for period of	Year(s)	0	Month(s)	11	Day(s)	11
Reason Of Extension	for studies							

Signature of the Applicant  
Date\_\_\_\_\_

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## List of mandatory and non mandatory documents

### **Mandatory Documents.**

- 1. Residence proof** : Residence Certificate from Hostel/Updated Form 'C' generated by Hotel/Lodge or Registered/Notarized Lease Deed, Utility Bill, Copy of photo-ID of the landlord along with declaration and Tenant Police Verification
- 2. Photo** : Applicant's Photo
- 3. Financial resource proof** : NRO account details and Scholarship letter (if any)
- 4. Visa** : Indian Visa
- 5. Passport** : Bio-Data page of Passport along with page bearing last Indian Immigration arrival stamp
- 6. Bonafide certificate** : Bonafide Certificate to be obtained from a UGC or AICTE recognized Institute/College/University mentioning Foreign Students' Information System (FSIS) No., course undertaken, duration of course and e-mail ID of the Institute/College/University
- 7. Registration Certificate** : FRRO/FRO Registration Certificate/Residential Permit of the Student (S-1) Visa holder

### **Registration office address**

Office Name : FRRO COCHIN  
Address : 2nd Floor, Airlines Building, Cochin Airport P.O, Cochin  
City/District : COCHIN  
State : KERALA  
Pin Code : 683111  
Phone Number : 2611652

Office opening time: 10.00 closing time: 17.30

**There is no need to submit hard copy to concerned  
FRRO/FRO**

**MURSAL AZIZI**  
PALLIVATHUKKAL KANNAMPILLY HOUSE,  
26/2531, NEAR SH COLLEGE, THEVARA S.O.  
ERNAKULAM  
COCHIN, KERALA, INDIA - 682013  
Mobile No.: 6238484770  
Email: mrs.sl.azizi@yahoo.com



**e-FRRO**



**Foreigners Regional Registration Office**  
**2nd Floor, Airlines Building, Cochin Airport P.O, Cochin-683111**

<b>SERVICE GRANTED: STAY VISA</b>
<b>RP/RC/ Visa Extended From 21/10/2019 (dd/mm/yyyy) To 31/08/2020 (dd/mm/yyyy)</b>

1. **Service Number** : **KL02/VEF/AFG/421/2019**
2. **RCF No./UCF No.** : **KL02/RCF/AFG/190/2019**
3. **Name in Full** : **MURSAL AZIZI**
4. **Date & Place of Birth** : **24/05/1993 (dd/mm/yyyy) GHOR**      5. **Gender** : **Female**
6. **Present Nationality** : **AFGHANISTAN**
7. **Number and Expiry of Passport** : **O1953886, 18/01/2022 (dd/mm/yyyy)**
8. **Number and Expiry of Visa** : **VK9044739, 20/10/2019 (dd/mm/yyyy)**
9. **Visa Type and Valid For** : **STUDENT VISA (S-1), TRIPLE ENTRY**
10. **Service Granted On** : **06/11/2019 (dd/mm/yyyy)**
11. **Observation** : **GRANTED**



**Application Id :**  
**KL0200108619**

12. **Employer/Institution/Bussiness/M edical Address** : **SACRED HEART COLLEGE, PANDIT KARUPPAN ROAD  
THEVARA, COCHIN, KERALA, INDIA  
Telephone No. : 04842663380**
13. **Reason for Fees** :
14. **Fees (INR)** :
16. **Student Course Details** :

SI.No.	Course Name	Supplementary	Enrollment	Completion
1.	MA DIGITAL ANIMATION		2018	2020

Previous Registration Details ( If any ) :

SI.No.	Registration Number	Valid From(DD/MM/YYYY)	Valid To(DD/MM/YYYY)
1.	KL02/RCF/AFG/190/2019	22/04/2019	20/10/2019

KL0200108619

**Date:** 06/11/2019

Issued By  
**(FRRO Cochin)**  
Tel No. :0484-2611652  
Email : frrococ@nic.in

- \*. **This is computer generated document and does not require signature/stamp.**
- \*. **There is no requirement of endorsement of services on passport.**
- \*. **Please surrender this Certificate to the Immigration Officer at the time of your final departure.**
- \*. **To be produced during travel from India or back, wherever such travels are permissible**
- \*. **RP/RC shall be renewed at least one month before the expiry of the present RP/RC.**
- \*. **The genuineness of this document may be ascertained by contacting the issuing authority above.**
- \*. **If found, please return to the issuing authority.**