



**HIGH COMMISSION OF THE COOPERATIVE REPUBLIC OF  
GUYANA**

E-2/13 Vasant Vihar New Delhi -110057

Telephone: 41669713/14/17/18

Email: visa\_ind@mission.gov.gy

Your Photograph

**GUYANESE REGISTRATION FORM**

Full Name (as it appears in your passport):		
Date of Birth:	Place of Birth:	
Sex: Male                      Female	Marital status: Single                      Divorced Married                      Widowed Separated                      Civil Partnership	
Father's full name:		
Mother's full name:		
Passport number:	Issue and expiry dates:	Place of issue:
Address in Guyana:	Address in India:	
Telephone Number (Home and Cell):	Email Address:	
Reason for being in India: Visit                      Study Work                      Reside Other	Length of Stay in India:	

If spouse and children are accompanying you, kindly state their names and dates of birth:

Reference/Contact in India:

If for study purpose, state the name of University/Institution:

If for work purpose, kindly provide name and address of employer:

**Consular Section  
Guyana High Commission, New Delhi**