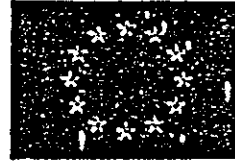




BEVÁNDORLÁSI ÉS  
ÁLLAMPOLGÁRSÁGI  
HIVATAL



*Application for residence permit for employment or other gainful activity*

Receiving authority:	Number: 0000000000  <div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center;">           Photograph         </div> <div style="border: 1px solid black; width: 400px; height: 60px; margin: 20px auto;"> <p style="text-align: center;">Signature of the applicant (legal representative) The signature must completely be within the frame.</p> </div>
Authority performing data entry:	
<input type="checkbox"/> Issuing residence permit for the first time	
Place of crossing the border:	
Date of crossing the border:  ..... year..... month ..... day	
Number and validity of visa issued: H 00000000 ..... year..... month ..... day	
<input type="checkbox"/> Extending residence permit	
Number and validity of former residence permit: H 00000000 ..... year..... month..... day	

<b>I. Personal data of applicant</b>		
Family name (as in passport):	Given name (as in passport):	
Family name at birth:	Given name at birth:	
Mother's family and given name at birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced
Date of birth:  ..... year..... month..... day	Place of birth (city):	Country:
Nationality:	Nationality (It is not obligatory to fill this in):	
Last permanent place of residence prior to entering Hungary:		
Profession:	Education: <input type="checkbox"/> elementary <input type="checkbox"/> secondary <input type="checkbox"/> higher	Occupation prior to entering Hungary:

<b>2. Data of passport</b>	
Passport number:	Date and place of issue: ..... year..... month..... day
Type of passport: <input type="checkbox"/> private passport <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other	Valid until: ..... year..... month..... day

<b>3. Intended duration of and reasons for staying in Hungary</b>	
Duration until:	..... year..... month..... day
Reason:	

<b>4. Accommodation during stay</b>					
Postal code:	City:		Name of (road, street, square etc):		
Type of public domain:	Street number:	Building:	Staircase:	Floor:	Apartment number:
Title of residence: <input type="checkbox"/> owner <input type="checkbox"/> sub/tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> other, namely::					

<b>5. Data of employer in Hungary or of the company you manage</b>		
name:	headquarters:	
job description:	number of work permit:	Validity: ..... year..... month..... day
in case of self-employed or cropper activity the number of the certificate:		

<b>6. Data of means of sustenance in Hungary</b>	
expected monthly income from activity:	last tax year's gross income:
amount of savings available:	other supplementary income/property that ensures living:

<b>7. Conditions of continued travel or return trip</b>					
Which country do you wish to depart or return to after expiry of the residence permit?				Means of transport for the journey?	
Do you hold the necessary	passport?	visa?	ticket?	resources to cover the fare?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, sum:	<input type="checkbox"/> No

8. Spouse, child, parent of the applicant residing in Hungary			
name/relationship:	data and place of birth:	citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigrant permit
name/relationship:	data and place of birth:	citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigrant permit
name/relationship:	data and place of birth:	citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigrant permit

**9. Other data**

Do you have full health insurance for the duration of stay in Hungary?  
 Yes  No

Have you ever had an application for residence permit rejected?  
 Yes  No

Have you ever been convicted for a crime? If yes, in which country, when, for what kind of crime, and what kind of punishment was imposed on you?  
 Yes  No

Have you been expelled from Hungary, if yes, when?  
 Yes  No

..... year..... month..... day

To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid?  
 Yes  No

If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you take part in obliged and permanent therapy?  
 Yes  No

I confirm that the above information is true and valid. I accept the fact that giving false information may lead to rejection of my application.

Date: .....

.....  
Signature

Fee stamps

If he/she suffers from any of the above diseases, or you are contagious with or a carrier of them, does he/she take part in obliged and permanent therapy?

Yes  No

*For official use only*

**In case of allowing the application**

I allow the applicant to stay in Hungary for the purpose of..... until

□□□□ year□□ month□□ day.

Date: .....

.....  
(Signature, seal)

Number of issued residence permit: □□□□□□□□

I have received the residence permit.

Date: .....

.....  
(Signature)

In case of renewal the number of the revoked residence permit: □□□□□□□□

**In case of rejecting the application.**

Number of decision: .....

Date of decision: □□□□ year□□ month□□ day

Reason for rejection:

Alulírott tudomásul veszem, hogy a közigazgatási hatósági eljárás és szolgáltatás általános szabályairól szóló 2004. évi CXLI. törvény 33.§ (1) bekezdése szerint az általános ügyintézési határidő 30 nap. Figyelembe véve a helyi körülményeket a Magyar Köztársaság Újdelhi Nagykövetségén a vízum kiadásának előrelátható határideje 7-14 nap.

I undersigned acknowledged that according to the 33.§ (1) of the 2004/140 on the general rules of the administrative procedures and services the general time limit of the administrative procedure is 30 days. Taking into consideration the local circumstances the time limit of the visa procedure at Hungarian Embassy of New Delhi is generally 7-14 days.

Hindi- मैं जो नीचे हस्ताक्षर सहित जानकारी के तहत 33 § (1) के 2004/140 में सामान्य  
विज्या के कार्यवाही अधिकार और सेवा के सामान्य समय पाबन्दी में कार्यवाही  
अधिकार 30 दिनों का है। स्थानीय वजहों के कारण की पाबन्दी के कारण मैं अपने  
दुसरे विज्ञा कार्यवाही छोटी संख्या में यदि दिल्ली में सामान्य तौर पर 7 से 14 दिन है।

Name:

Passport number:

Date:

Signature