SPONSORSHIP DECLARATION

(For Medical treatment or Student Visa)

TO BE SUBMITTED IN DUPPLICATE

1. SPONSOR'S NAME & NATIONALITY_____
2. SPONSOR'S ADRESS & TEL N0 _____
3. SPONSOR'S OCCUPATION _____
4. SPONSOR'S EARNINGS _____

(***To be supported, where necessary, by a certificate of employment indicating employment Enrolments/ salary per month***)

5. OTHER EVIDENCE OF FINANCIA STANDING:
a) I hold an amount _____in _____Bank
b) I own property properties situated at _____

(***To be supported by bank passbook, title deed to property or other evidence of ownership of Immovable property in the country***)

6) SPONSOR'S PASSPORT NUMBER or National Identity No. _____
DATE & PLACE OF ISSUE: _____

7) NAME & RELATIONSHIP OF PERSON (S) WHO IS/ARE BEING SPONSORED:
Name & Age Address Relationship
(i) ----------

8) PURPOSE OF VISIT & DURATION _____

9) I _____son of _____
Hereby solemnly declare that I undertake to bear all the expenditure pertaining to the cost of passage (s) of the above named person (s) to & fro between DR Congo and India, entire cost towards his/her study in India towards tuition fee etc or entire cost of his/her medical treatment in India, and entire cost towards his boarding and lodging during the entire period of his/her study in India or medical treatment in India. I also undertake to repatriate him/her to DR Congo at my cost if and when necessary. I also declare that in event of his /her death in India I undertake to bear all costs and expenses of his /her burial/cremation or dispatch of the mortal remains to DR Congo. I further guarantee that he/she will not indulge in any unlawful activity during his/her stay in India and will devote his/her entire stay to pursue study.

DATED _____ _____Signature of sponsor

Note: Please bring original documents together with a copy (original will be returned once seen by the Embassy for verification)