



Embassy of Hungary
New Delhi



Hungarian Visa Application Centre
of
VFS Joint Visa Application Centre

Applicants name:.....
Reference number:.....

RESIDENCE PERMIT FOR THE PURPOSE OF VISIT

SUBMITTED

GENERAL ENCLOSURES	YES	NO
Dully filled and signed application form for residence permit and Appendix 9 –find it on the website of National Directorate-General for Aliens Policing of Hungary : http://www.bmbah.hu/index.php?option=com_k2&view=item&layout=item&id=64&Itemid=818&lang=en		
Valid passport and the previous (old) passports (at least 2 blank pages in the valid passport are needed and the passport has to be issued within the previous 10 years). The validity period of the valid travel document must have at least three months remaining at the time the authorised duration of residence expires.		
Flight booking		
Statement undertaking the commitment of voluntary exit if the application is refused		
Valid travel insurance		
Police Clearance Certificate		
Bank statement of the last 6 months		

DOCUMENTS EVIDENCING THE PURPOSE OF RESIDENCE (MANDATORY)	YES	NO
Invitation letter with an official consent		

DOCUMENTS EVIDENCING SUBSISTENCE	YES	NO
Invitation letter with an official consent		

DOCUMENTS PROVING THE EXISTENCE OF HUNGARIAN ACCOMMODATION	YES	NO
Invitation letter with an official consent		



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DOCUMENTS EVIDENCING COMPREHENSIVE HEALTHCARE SERVICES	YES	NO
A copy of the social security card issued by Hungarian authorities or		
Business health insurance policy allowing access to comprehensive healthcare services and a document in proof of paying the insurance fee or		
Bank account balance statement on the coverage for possible healthcare service costs.		

Note:

- *Only original documents are accepted.*
- *Please bring one extra set of Photocopy of all the documents you wish to submit. Also bring full copy of the valid passport.*
- *The Embassy reserves the right to request further documentation.*

Contact of applicant (Tel): _____ Email: _____

Signature (applicant) : _____ SO Name: _____

Location: _____ Date: _____