

EMBASSY OF INDIA  
(CONSULAR SECTION)  
P.O. BOX No. 528  
ADDIS ABABA

**REGISTRATION FORM FOR ETHIOPIANS WHO STUDIED IN INDIA**

1. Full name (Surname first): \_\_\_\_\_
2. Passport No. \_\_\_\_\_ Issued at \_\_\_\_\_ dated \_\_\_\_\_
3. Qualification. \_\_\_\_\_
4. Occupation (If in service, please state the name of the institution and position held)  
\_\_\_\_\_
5. Address: (Please give full address including P.O. Box)  
\_\_\_\_\_
6. Tel.No.(Office) \_\_\_\_\_ (Residence) \_\_\_\_\_
7. E.mail address \_\_\_\_\_
8. Details of School/College/Institute in India:
  - (a) Name of Institute \_\_\_\_\_
  - (b) Name of City \_\_\_\_\_
  - © Name of Course \_\_\_\_\_
  - (d) Duration of Stay in India \_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)

PLACE: \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

NOTE: Please intimate change of address.