## FORM FC-2

[See rule 7(1)]

The Secretary to the Government of India,

Ministry of Home Affairs,

Foreigners Division (FCRA Wing)

Major Dhyan Chand National Stadium,

India Gate, New Delhi-110002

Subject: Application for seeking prior permission of the Central Government to accept foreign hospitality.

[Note: For foreign hospitality availed in case of emergent medical aid situation, intimation to be given on plain paper to the Secretary, Ministry of Home Affairs at the address mentioned in FORM FC-2, within sixty days of such receipt of foreign hospitality.]

- 1. Name in full:
  - 2. Date of Birth:
  - 3. Name of father/husband:
  - 4. PAN Number.:
  - 5. Aadhaar Number (Optional):
  - 6. Contact details:
    - (a) Address:
    - (b) Telephone and mobile number with STD code:
    - (c) e-mail address:
  - 7. Passport particulars (if already in possession):
- 8. Status: (a) Member of Legislature (b) Office bearer of a political party (c) Judge of Supreme Court/High Court (d) Government servant (e) Employee of a Corporation or any other Body owned or controlled by Government:
  - 9. Details of hospitality proposed to be availed:

Names of cities/ countries for which hospitality is to be accepted		Duration of stay From/ To	Purpose of visit	Nature of hospitality to be accepted		Duration of hospitality to be accepted	Approximate expenditure to be Incurred on	Remarks
				In Cash	In kind		hospitality (Rs.)	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

10. Hospitality availed during the last three years: [Yes/No]

(a) If yes, details thereof:

Names of cities/ countries or which hospitality was accepted	Duration of stay From/To	Purpose of visit	Nature of hospitality accepted		Duration of hospitality accepted	Approximate expenditure incurred on hospitality (Rs.)	Whether MHA Permission was granted (Y/N)	Rema rks
			In Cash	In kind				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

11. Whether acceptance of foreign hospitality was ever denied to the applicant, if yes, details thereof:

12. Particulars of host(s):

Nature of Host – Individual/ organisation	Full Name	Nationality/ Passport Number	Profession	Addres s	e-mail address	Fixed line telephone Number (with code); Mobile Number
(1)	(2)	(3)	(4)	(5)	(6)	(7)

- 13. Nature of connection/relationship with the host and/or foreign source extending the hospitality:
- 14. Letter from the host regarding the details of hospitality to be extended and Recommendation Letter from the

	organisation to which the applicant belongs are to be enclosed.	2000 Dom 000
	DECLARATION AND UNDERTAKING	
I hereby d	eclare that the above particulars furnished by me are true and correct.	
Place:		
Date:		
		Signature of the applicant
		(Name, in block letters)