



Contact on 8010700700 for more details

E-VOA stated. Kindly refer to the link below

<https://molina.imigrasi.go.id/> Passport copy

Colour only - Should be valid for 6 months.

Tickets details

Flight Name, number, and travel dates.

Hotel Details

The hotel needs to be confirmed as the same is printed on the visa. Please share the hotel confirmation along with the complete hotel address and valid PIN code.

Photo

Passport size photo



Fees

E-Visa Fee

Approx. IDR 519500/-



Processing Time

E-VOA

2-3 working days

Formulir Permohonan Visa – Visa Application Form

Perhatian – Attention

1. Isi formulir ini dengan huruf cetak dan tinta hitam. *Fill out this form using CAPITAL LETTER and black ink.*
2. Tanda asterisk berarti (*) diisi sesuai nomor pilihan. *Fill the box with asterisk (*) with suitable choice.*
3. Tanda asterisk berarti (**) diisi bagi pemohon VITAS yang akan bekerja di Indonesia.
*Fill the box with two asterisks (**) for whom apply Limited Stay Visa who wants to work in Indonesia.*
4. Cara pengisian tanggal adalah dengan urutan tanggal-bulan-tahun, masing-masing dinyatakan dengan dua angka.
CONTOH: 26 Januari 2008. *Fill the date boxes with the date-month-year in sequence; each of it consists of two digits.*
EXAMPLE: 26 January 2008

2 6 0 1 0 8

Permohonan – Application* ☐

Tgl Permohonan – Date of Application

1. Visa Singgah - Transit Visa (Single Entry, Visa Type: 111)
2. Visa Kunjungan Satu Kali Perjalanan – Single Visit Visa (Visa Type 211)
3. Visa Kunjungan Beberapa Kali Perjalanan – Multiple Visit Visa (Visa Type 212)
4. Visa Tinggal Terbatas – Limited Stay Visa (Single Entry, Visa Type 311, 312 to 319)

Nomor Aplikasi

Nama Lengkap – Full Name (Surname First)

Jenis Kelamin – Sex

☐ Female

☐ Male

Tempat Lahir – Place of Birth

Tgl Lahir – Date of Birth

Kewarganegaraan – Nationality

Status Perkawinan – Marital Status

☐ Married

☐ Single

Nomor Paspor – Passport Number

Tgl. Dikeluarkan – Date of Issue

Berlaku s/d – Expiry Date

Tempat Dikeluarkan – Place of Issue

Pekerjaan/Status – Occupation/Status

Nama Institusi/Perusahaan – Name of Employer/ Institution/ Company

Alamat Kantor/ Perusahaan – Address of Employer/ Institution/ Company

Phone:

Alamat Tempat Tinggal di India – Address of Residence in India or in home country

Phone:

Pekerjaan di Indonesia – Occupation in Indonesia (Applied for Limited Stay Visa / Visa for Working)**

Alamat Tempat Tinggal Selama di Indonesia – Address of Residence or while Staying in Indonesia

Phone:

Alamat Email – Email Address

Alasan Permohonan Visa – Reason for Applying Visa / Purpose of Visit to Indonesia

Nama dan Alamat Sponsor in Indonesia – Name and Address of Sponsor / Reference in Indonesia

Phone:

City / Airport or Seaport of Entry into Indonesia:

Date of Entry to Indonesia

All of the statement and data declared in this form is legal and based on real situation. Should in the future be found that this statement is not true, I am willing to be sued according to the prevailing regulation.

Paste your latest
Passport size
photograph in red
background

TANDA TANGAN PEMOHON
Signature of Applicant

CATATAN PETUGAS LOKET	
Lampiran Persyaratan :	
<input type="checkbox"/> Surat Sponsor	
<input type="checkbox"/> Copy Paspor/Dokumen Perjalanan	
<input type="checkbox"/> Copy Surat Persetujuan Dirjenim	
<input type="checkbox"/> Pasfoto terbaru latar belakang merah	
<input type="checkbox"/> Daftar riwayat hidup	
<input type="checkbox"/> Tiket Pesawat PP	
	Paraf Petugas

- ☐ Surat Sponsor
- ☐ Copy Paspor/Dokumen Perjalanan
- ☐ Copy Surat Persetujuan Dirjenim
- ☐ Pasfoto terbaru latar belakang merah
- ☐ Daftar riwayat hidup
- ☐ Tiket Pesawat PP

CATATAN PETUGAS TATA USAHA																														
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Nomor Persetujuan Dirjenim	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>															Tanggal										<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>				
Paraf Petugas <div style="border-top: 1px solid black; width: 100px; margin-top: 10px;"></div>																														

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CATATAN PEJABAT PERWAKILAN															
NIORA <input type="text"/>								Kelengkapan persyaratan Lengkap <input type="checkbox"/> Tidak <input type="checkbox"/>							
Tanggal <input type="text"/>								Tanggal <input type="text"/>							
Daftar Cekal Tercantum <input type="checkbox"/> Tidak <input type="checkbox"/>								Persetujuan Setuju <input type="checkbox"/> Tidak <input type="checkbox"/>							
Kelainan surat Ada <input type="checkbox"/> Tidak <input type="checkbox"/>															
Tanggal <input type="text"/>								Tanggal <input type="text"/>							

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☐ Tidak

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HEALTH PROTOCOL STATEMENT LETTER

I the undersigned,

Name :
Gender :
Place and Date of Birth :
Nationality :
Passport Number :
Passport Expiration Date :

Hereby declare that

1. I am willing to enter quarantine and/or treatment at a quarantine facility or health service facility designated by the Indonesian government if the PCR test at the entrance to the country gives a positive result (+), or there are clinical symptoms of Covid-19.
2. I am willing to be monitored by the health authority during the quarantine period or self-isolation according to health protocol and Indonesian laws and regulations.

This statement is made truthfully and is issued for any legal purpose it may serve.

(Signature)

(-----Name-----)

FINANCIAL STATEMENT LETTER

I the undersigned,

Name :
Gender :
Place and Date of Birth :
Nationality :
Passport Number :
Passport Expiration Date :

Hereby declare that

I am in possession of health insurance/travel insurance which covers all the medical expenses, and willingly pay the medical expenses at my own expenses during quarantine or if I am contacted by COVID-19 virus while in Indonesia.

This statement is made truthfully and is issued for any legal purpose it may serve.

(Signature)

(.....Name.....)