CHECKLIST FOR POLISH SCHENGEN VISA – OTHERS – MEDICAL TREATMENT

Name: _____	Contact No: _____
Passport Number: _____	E-mail address: _____

Prepare all the necessary documents listed below before you deliver the application, otherwise the application might be refused by the Embassy/Consulate General of the Republic of Poland. While the visa application is being processed, the applicant's passport remains at the Embassy/Consulate General of the Republic of Poland.

THE APPLICATION MATERIAL SHOULD BE PLACED IN THE FOLLOWING ORDER:

REQUIRED DOCUMENTS	YES	NO
1. PASSPORT - issued within the previous 10 years; valid 3 months after the intended date of departure from the Schengen territory; at least two blank pages		
2. VISA APPLICATION		
2.1 Visa application form without blanks, signed by the applicant - in case of minors by a person exercising parental authority or legal guardianship		
2.2. One color photo - specifications: passport type, white background 35mm x 45mm, no more than 6-month-old		
CHECKLIST		
3. PROOF OF INTENDED MEANS OF TRANSPORT AND ITINERARY		
4. TRAVEL MEDICAL INSURANCE (TMI) - original of the certificate of TMI https://www.gov.pl/attachment/4467743f-f589-4fb0-94f4-0d229cb964ca issued by a company from the list of approved Indian insurance companies of the consular posts of Schengen states (handwritten certificates will not be accepted; the name of the insured should be written in Latin alphabet; **TMI must be valid in the Schengen area and for the entire duration of stay, the TMI's minimum coverage is 30.000 euro and it must cover costs of any emergency medical treatment, hospitalization and repatriation (including in case of death).** Name of the insurance company: ..... Insurance number: ..... Validity: from.....		
5. DOCUMENTS CONFIRMING THE PURPOSE OF THE PURPOSE OF MEDICAL TREATMENT TRIP: - certificate from a medical doctor or a medical institution confirming the need for specific medical treatment to be received in the Member State of destination; - official document from the receiving medical institution (in Poland) confirming that the specific medical treatment can be performed and patient be accepted accordingly; - proof of pre-payment of the treatment.		
6. MINORS: If the minor is travelling with only one parent, written consent certified by public notary of the other parent or guardian, except in cases of a parent having sole custody or guardianship of the minor, in which case a court order or other proof of sole custody or guardianship must be provided; – If the minor travels alone (without parents), written consent, certified by public notary, of both parents or guardians having custody or guardianship of the minor; – copy of identification document(s) (with signature and photograph) of the parent(s)/guardians having custody/guardianship of the applicant.		
7. STUDENTS: - certificates of the establishment at which the applicant is enrolled		
8. ACCOMODATION - document confirming the booking of appropriate accommodation for the intended period of stay in Poland / Member States. Proof of accommodation: - Hotel reservations, rental of holiday home or campus residence reservation. If the applicant intends to stay with a family member or a friend, proof of sponsorship and/or private accommodation from the host. If the applicant is travelling to several Member States, proof of accommodation in each of them.		
9. PROOF OF FINANCIAL MEANS		
9.1. Original private bank statement showing movements in the last three months, duly stamped and signed by the bank		
9.2. Indian income tax return acknowledgment for the last two assessment years		
9.3. If the applicant is employed: Pay slips for the last three months; employment contract; employers' statement on approval for holidays		
9.4. If the applicant is a company owner or self-employed: certificate of registration of the company, including its goods and services tax (GST) registration number for companies based in India. Business bank account statement and proof of income tax return (barcode verifiable)		
9.5. If the applicant is sponsored: proof of sponsorship and/or private accommodation by means of the national form of the Member State concerned , if applicable (cf. the website of the Member State of destination)		
9.6. If the applicant is retired: pension statements for the last three months and/or proof of regular income generated by ownership of property or business		
10. ADDITIONAL DOCUMENTS - applicants are allowed to submit additional documents that they consider useful to explain/justify the trip		

I hereby confirm that I am aware of the fact that:

1. The Embassy/Consulate General of the Republic of Poland reserves the right to request additional information/documentation and, if deemed necessary, to interview the applicant.
2. Applications shall be decided on within 15 calendar days of the date of the lodging. That period may be extended up to a maximum of 45 calendar days

Date, place ..... Name & Signature of Inquiry Officer/ Date ..... Applicant's Signature.....

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ADDITIONAL COMMENTS:

Name & Signature of Inquiry Officer/ Date .....