

## Royal Thai Consulate-General, Kolkata

No.	✓	Checklist: <b>NON IMMIGRANT VISA – B (Employment)</b>
1.	<input type="checkbox"/>	Passport
2.	<input type="checkbox"/>	Filled and signed application form
3.	<input type="checkbox"/>	2 recent photographs
4.	<input type="checkbox"/>	Confirmed inbound ticket to Thailand
5.	<input type="checkbox"/>	Letters of recommendation from previous employers
6.	<input type="checkbox"/>	<p><b>From company in Thailand:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Approval letter for employment: <ul style="list-style-type: none"> <li>a) Original WP. 3 from Ministry of Labor</li> <li>b) Original letter from Board of Investment (BOI)</li> </ul> </li> <li><input type="checkbox"/> Invitation letter</li> <li><input type="checkbox"/> Copy of I.D. card or passport of the signatory</li> <li><input type="checkbox"/> Copy of employment contract</li> <li><input type="checkbox"/> Copy of certificate of business registration and business license</li> <li><input type="checkbox"/> Copy of statement of Income Tax</li> <li><input type="checkbox"/> Copy of statement of Business Tax</li> <li><input type="checkbox"/> Copy of Value added Tax registration</li> <li><input type="checkbox"/> Copy of Financial balance sheet from past year</li> <li><input type="checkbox"/> Company profile</li> <li><input type="checkbox"/> Company Map and picture</li> </ul>
7.	<input type="checkbox"/>	<p>If previously worked in Thailand:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of previous work permit</li> <li><input type="checkbox"/> Copy of statement of personal income tax</li> </ul>
8.	<input type="checkbox"/>	If not Indian national: Proof of residence in India

**Notes:**

- All documents must be in English or Thai, arranged in order given above.
- Additional documents and/or interview may be requested.
- Application fee is non-refundable.
- Application traveling from some particular countries (see list) have to submit International Health certificate of Yellow Fever Vaccination.

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Name of the Applicant:

Receiver's Name:

Passport No:

Date:

**Remarks:**