



SCHENGEN VISA – Medical **for NON - Qatari nationals**

I. DOCUMENTS TO BE SUBMITTED

		Submitted
1a	VIDEX Application form – available online https://videx.diplo.de free of charge <ul style="list-style-type: none">Fully completed in English or German and personally signed and dated by applicant	
1b	For minors below the age of 18 <ul style="list-style-type: none">The application form must be signed by both parents / legal guardianA form “letter of consent” signed by the parents/legal guardian must be attachedPassport copies of parents/ legal guardianBirth certificate with an English translation	
2	General instruction form <ul style="list-style-type: none">Personally signed and dated by the applicant	
3	Passport <ul style="list-style-type: none">Validity of a minimum of three months from requested date of leavingSigned by passport holderPassport not older than 10 years (issued within the last 10 years)A minimum of two blank pages to be used for visasPrevious passport if applicableIMPORTANT: valid Qatar residence permit (minimum validity up to return to Qatar)	
4	One recent biometric passport sized photograph (3.5x4,5 cm) <ul style="list-style-type: none">Must not be older than 6 months with bright background and frontal view of the faceDigitally altered passport Photos cannot be acceptedDo not glue or staple the photos to the application form	
5	Photocopies <ul style="list-style-type: none">1 copy of passport pages with personal data and signature of passport holder1 copy of Qatar residence permitCopies of previous Schengen visa	
6	Overseas medical insurance <ul style="list-style-type: none">Only insurance companies authorized by the German Embassy Doha are acceptedValid for entire duration of period of first stay and valid for all Schengen statesMinimum coverage 30,000.00 € incl. repatriation. (Medical insurances linked to credit cards are <u>not</u> accepted) <p>For multiple entry visas: a signed form ‘Declaration on Travel Health Insurance’ must be submitted</p>	
7	Flight and proof of accommodation (not mandatory for patients and/or official escorts with letter from the ministry of Public Health) <u>ONLY FOR self-financed PRIVATE PATIENTS / ESCORTS:</u> <ul style="list-style-type: none">Valid & confirmed hotel reservation incl. full address (name, street, city, zip code, contact information, booking ref.)If applicable: confirmation by hospital about in-patient treatmentIf applicable: copy of contract / proof of property with full residential address if you will stay at an apartment / house in Germany that you own)Vouchers from travel agencies are not accepted as proof of accommodationValid & confirmed flight reservation	
8	Document about medical treatment (patient and –if applicable- escort) <ul style="list-style-type: none">Letter from Ministry of Public Health stating coverage of medical treatment for patient and all occurring expenses for patient and escorts ANDAppointment letter from the hospital or doctor in Germany stating the starting date and approx.. duration of treatment OR <ul style="list-style-type: none">Letter from the hospital or doctor in Germany stating the date and approx.. duration of the treatment along with the expected costs of treatment.	
9	Proof of financial means of applicant <u>ONLY FOR self-financed PRIVATE PATIENTS / ESCORTS:</u> <ul style="list-style-type: none">Original stamped and signed personal bank statements with salary income (minimum last 3 months and not older than 2 weeks from the day of submission)	

	<ul style="list-style-type: none"> • Employment letter, signed by the legal representative of the company as per Company Registration stating the amount of the salary • Attached copy of Company Registration/computer card showing legal representative(s) of the company <p>NOTE: In case financial means are provided by a relative in direct line (parent/child) or spouse, please submit birth certificate or marriage certificate with an English translation to prove the relationship</p> <p>Accompanying domestic workers as private escorts:</p> <ul style="list-style-type: none"> • Stamped original and copy of employment contract registered with the competent Qatari labor authorities • Duly filled out letter of guarantee signed by sponsor • Passport copy of sponsor and copy of his/her Schengen visa if applicable 	
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Important Information: Should the patient not be able to apply by himself/herself and should he/she not be in possession of a previous visa, please include a letter by the doctor stating the incapability to come personally to the Visa Application Center/ Visa section due to his/her illness.

Please note: if you know already prior to your trip that your intended stay in Germany will be longer than 90 days, please contact us to apply for a National Visa for a long-term stay – further information can be found on our website www.doha.diplo.de

II. REMARKS to be filled out VFS staff (please tick what is applicable):

- ✓ Applicant travels
 - alone
 - with family member/s
 - with a group as(please specify e.g. colleague, escort, sponsor)

- ✓ Applicant's documents are
 - complete
 - NOT** complete - applicant has been informed of option to withdraw application to avoid possible refusal but wishes to submit application
 - NOT** complete - applicant will submit missing documents within 48 hours to VFS

- ✓ Applicant's travel date is less than 15 days
 - no
 - YES** - applicant has been informed about the processing time and that he/she might not be able to travel to the intended date

Remarks:

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III. SIGNATURES and AGREEMENT

a) for Visa Applicant:
 I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS VALID FOR THE VISA APPLICATION AS PER ABOVE

.....
 City and Date (signature of applicant)

b) for VFS staff:
 APPLICANT HAS BEEN INFORMED OF THE ABOVE. THE REMARKS HAVE BEEN COMPLETED TOGETHER WITH APPLICANT

.....
 City and Date (signature VFS Staff)