नागर विमानन मंत्रालय
MINISTRY OF CIVIL AVIATION

Air Suvidha

Air Suvidha ∨

Air Suvidha Self Declaration Form To be Mandatorily Filled By All International Arriving Passengers to India

Applications are being accepted on behalf of the Ministry of Health and Family Welfare, Government of India

Click here to read the Latest Guidelines for International Arrivals.

Click here for FAQs related to Air Suvidha.

Click here to contact us for any Air Suvidha related queries.

*Passengers are advised to check the latest guidelines from the state APHOs or the airlines concerned before starting their journey.

最新の入国ガイドラインはこちらから確認ください

Full Name*   Date of Birth*   Gender*

MINISTRY OF CIVIL AVIATION
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Air Suvidha

Full Name*   名前

Date of Birth*   生年月日   Gender*   性別

Enter full name (as per your passport)

DD/MM/YYYY   Select

Flight Number (Arriving in India)*   フライト番号

Seat Number*   座席番号

Enter flight number (Ex: AZ123 / AZ1234)

Enter seat number

Passenger, without assigned seat number, needs to put "00" to submit the application. Passenger shall be responsible to self edit the SDF and provide the correct seat number, before boarding the aircraft. This is a mandatory requirement and essential for contact tracing purpose.

PNR Number   航空券の予約番号

Nationality*   国籍

Enter PNR number

Select Nationality

DELHI INDIRA GANDHI INTERNATIONAL AIRPORT | **GMR**

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Passport Number*　　パスポート番号

Enter passport number

Upload your Passport Copy
Upload file type PDF
The maximum upload size is 1MB.
File name with any special
characters and space are not
permitted. Only hyphen and
underscore permitted.

⬆ Upload File

How to reduce the file
size

パスポートのスキャンデータを
アップロード

Date of Arrival*　　航空券の予約番号

DD/MM/YYYY 📅

Country of Departure (Origin)*　　出発地(国名)

Select Country of Departure ⌄

Are you taking a connecting Domestic flight?　　インド国内線の乗り継ぎ有・無

○ Yes　　○ No

#VOTE
DEL

नागर विमानन मंत्रालय
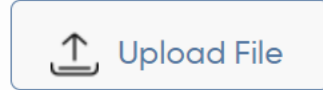**MINISTRY OF CIVIL AVIATION**

Air Suvidha

Air Suvidha ⌄

Upload RT-PCR Negative Certificate*

Test should be taken within 72 hours of departure.
Upload file type PDF
The maximum upload size is 1MB.
File name with any special characters and space are not permitted. Only hyphen and underscore permitted.

⬆ Upload File

How to reduce the file size

RT-PCR検査 陰性証明書データを
アップロード

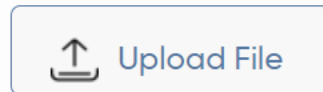**Date of RT-PCR Test Taken***

DD/MM/YYYY 📅

RT-PCR検査日

Upload Vaccination Certificate

Upload file type PDF
The maximum upload size is 1MB.
File name with any special characters and space are not permitted. Only hyphen and underscore permitted.

⬆ Upload File

How to reduce the file size

ワクチン接種証明書データを
アップロード

Date of Final Dose of Vaccination

DD/MM/YYYY 📅

最終のワクチン接種日

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City of Departure*　　　　　　出発地

Enter city of departure

First Airport of Entry*　　　　到着地

Select First Airport of Entry　　⌄

First Airport of Entry State/Union Territories*

Select final destination state/union territories　⌄

自動設定の為、入力不要

Final Destination - House Number*　　インド滞在先(Flat)

Enter house number

It is mandatory to provide the correct and a valid residence address in India. The passengers will be liable for punishable offence under the provisions of the Indian Penal Code and Disaster management Act, if this information is found to be incorrect.

インド滞在先(マンション名等)
Final Destination Street/Village*

Enter street/village name

Final Destination Tehsil　　インド滞在先(Sector)

Enter tehsil name

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COVID-19 UPDATE

BOOK COVID-19 TEST

CONTACT

Air Suvidha ﹀

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Final Destination State/Union Territories*

Select state/union territories ﹀

インド滞在先(州)

Final Destination District/City*

Select district/city ﹀

インド滞在先(都市名)

Final Destination Pincode*　　インド滞在先　郵便番号

Enter pincode

Mobile Number*　　インドの携帯電話番号

🇮🇳 +91 ▾　Enter mobile number

It is mandatory to provide a valid and working phone number in India. The passengers will be liable for punishable offence under the provisions of the Indian Penal Code and Disaster management Act, if this information is found to be incorrect.

Alternate Contact Number　　日本の携帯電話番号

🇮🇳 +91 ▾　Enter alternate contact number

Email ID*　　メールアドレス

Enter email id

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熱・咳・呼吸困難の有無

Are you experiencing any of the following symptoms?*

健康告知事項

Are you suffering from*

Diabetes 糖尿病	○ Yes	○ No
Hypertension 高血圧	○ Yes	○ No
Bronchial Asthma 気管支ぜんそく	○ Yes	○ No
Cancer 癌	○ Yes	○ No
Under Immunosuppresive Therapy 免疫抑制(薬)療法	○ Yes	○ No
Post Transplant Patients	○ Yes	○ No

移植の有無

Fever 熱	○ Yes	○ No
Cough 咳	○ Yes	○ No
Respiratory Distress 呼吸困難	○ Yes	○ No

Details of the Countries visited in last 14 days?* 過去14日間の訪問国情報

None selected ⇕

#VOTE DEL se

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How many passengers are travelling?

− 1 +

同行者人数　※同行がいない場合は「1」

☐ I agree to the guidelines issued by Ministry of Health & Family Welfare　ガイドラインに同意するか

☐ The above information is correct and in case of any wrong information and non-cooperation, I will be liable for punishable offence under the provisions of the **Indian Penal Code and Disaster management Act**. I also agree to the terms & conditions.

入力情報が間違っていないか。
不正確な場合はインドの法律に基づき罰せられる事への同意

☐ I undertake to quarantine/self monitor/take the self paid Covid-19 test on arrival as applicable to me as per the latest MOHFW guidelines.

検疫、自己観察、最新のガイドラインに基づくPCR検査を受ける事への合意

SUBMIT

In case you develop symptoms such as fever and cough within 28 days of leaving this airport, restrict your outdoor movement and contact MoHFW's 24 hours helpline number 011-23978406. Call operator will tell you whom to contact further. In the meanwhile, keep yourself isolated in your house/room.