

VISUM FÜR REISEN ZUR MEDIZINISCHEN BEHANDLUNG
VISA FOR TRAVELS FOR MEDICAL TREATMENT
医疗签证

SCHENGEN VISA C (until 3 months) or VISA D (from 3 to 6 months)
LISTE DER GEFORDERTEN DOKUMENTE / LIST OF SUPPORTING DOCUMENTS

APPLICANTS NAME:

申请人姓名:

PASSPORT NUMBER:

护照号码:

- | | | YES | NO | N/A |
|----------|--|--------------------------|--------------------------|--------------------------|
| 1 | ANTRAGSFORMULAR / VISA APPLICATION FORM
To be fully completed (preferable PRINT) in English or German language.
Personally signed by the applicant (minors - below 18 - must be signed by a parent or legal guardian)
签证申请表 一张用英文或者德语填写的申请表, 申请表必须完整、如实填写 (建议机打), 申请者本人在指定的位置签名, (18 岁以下未成年人则必须加上父母或法定监护人的签字)
Schengen Visa C: http://59.80.44.98/www.austriavisa-china.com/pdf/Schengen-Visa-Beijing.pdf
National Visa D: http://120.52.51.13/www.austriavisa-china.com/pdf/New-Visa-D-Beijing.pdf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | ZWEI PASSBILDER / TWO RECENT PASSPORT PHOTOGRAPHS
Colour, 35x45mm, white background, undamaged, no headpiece
两张护照尺寸近期照片 35x45mm, 白底彩照, 无损坏, 不可配戴帽子
http://www.icao.int/Security/mrtd/Downloads/Technical%20Reports/Annex_A-Photograph_Guidelines.pdf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | REISEPASS / PASSPORT
Issued within the previous 10 years. Minimum two blank pages. Valid for at least 3 months beyond the validity of your visa request. PP must be signed by its owner. Copy of data page; copies of pages showing visas and/or exit/entry stamps. <i>If applicable: submission of previous passport(s) is appreciated</i>
护照 十年内签发的有效护照, 至少连续两页空白页。签证到期后护照的有效期至少 3 个月有效。由申请人签字, 首尾页的复印件以及使用过所有页的复印, 建议提交旧护照。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | REISEKRANKENVERSICHERUNG / MEDICAL INSURANCE
Minimum coverage of EUR 30.000 for medical costs and repatriation.
Valid in all Schengen Countries during the validity of the visa requested.
Your visa will be issued considering a grace period of 15 days. It is recommended that travel insurance be completed for a period of 15 days longer than the actual travel period!
医疗保险 足够支付在事故及疾病情况下的医疗和转运费用, 保险数额为每人至少 30000 欧元。覆盖整个申根国家, 签证有效期内有效。您的申根签证在签发时会延长 15 天的有效期。建议您的保险也比实际停留日期多 15 天。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | BEARBEITUNGSGEBÜHR / VISA APPLICATION & SERVICE FEE
Schengen Visa C: equivalent of EUR 60 resp. National Visa D: equivalent of EUR 100 in Renminbi (RMB)
Our contractual service provider (VFS.Global) charges an additional service fee equivalent to EUR 30
签证申请费用 申根签证: 60 欧元等值的人民币。D 类签证: 100 欧元等值的人民币。
签证中心 (VFS.Global) 将收取 30 欧元等值的人民币作为服务费。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | HUKOU und/and ID-CARD (ORIGINAL AND COPY)
Copies of all printed pages of the Hukou (a <u>voluntary</u> translation is welcome)
The originals of Hukou and ID-card are returned at the Visa Application Center
户口本和身份证 (原件和复印件) 身份证和户口本所有使用页的复印件 (欢迎自愿提供翻译件)。户口本和身份证原件将在签证中心退还。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | NACHWEIS DER BONITÄT DES ANTRAGSTELLERS / PROOF OF SOLVENCY OF APPLICANT
Proof of finance of livelihood in China and the financing of travel and subsistence expenses in Austria resp. Schengen Member states.
- Accounts statement from the applicant's salary account and other ongoing expenses of the last three months showing regular income for the maintenance of livelihood in China.
- Issued and stamped by the bank.
- The name of the applicant must clearly appear on the statement.
- NO credit card statements.
申请人偿付能力证明 在中国生活以及到奥地利/申根国旅行生活的财力证明: 申请人近三个月工资账户及其他持续收支的对账单, 能显示其维持在中国生计的固定收入, 由银行出具并盖章, 申请人姓名需清晰体现在对账单上。不接受信用卡对账单。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | FINANZIERUNG DER REISE- UND AUFENTHALTSKOSTEN / FINANCING OF TRAVEL AND SUBSISTENCE COSTS
- Sufficient funds (balance) to finance the travel and subsistence costs corresponding to the intended travel period
资金证明 足够的资金 (余额) 来负担计划出行期间的旅行、生活费用
oder/or/或者: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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		YES	NO	N/A
9	Elektronische Verpflichtungserklärung (EVE) / ELECTRONIC LETTER OF GUARANTEE Committed by an Austrian citizen or permanent resident of Austria. 电子担保函 由奥地利公民或永久居民承担 Detailed Information: http://www.bmi.gv.at/cms/BMI_Fremdenpolizei/einreise_visa/Visum_6.aspx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	ANSTELLUNGSBESTÄTIGUNG DES ARBEITGEBERS / EIGENEN UNTERNEHMENS ATTESTATION OF EMPLOYMENT (OR OWN COMPANY) incl.: <ul style="list-style-type: none"> - Original on company paper with address, phone number and E-mail of contact person. - Company seal, date of issue and original signature of responsible person. - Name of applicant, position and duration of employment - Authorization of absence - Purpose and duration of the planned journey - Confirmation of further employment after return 在职证明原件 内容包括: <ul style="list-style-type: none"> - 使用公司信头纸, 含地址、联系人电话和电子邮箱 - 加盖公司公章、签署日期以及负责人的亲笔签字 - 申请人姓名, 职位, 雇佣年限 - 准假证明 - 计划旅行的目的和持续时间 - 为申请人回国后保留职位的证明 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	GESCHÄFTSLIZENZ DES ARBEITGEBERS / EIGENEN UNTERNEHMENS BUSINESS LICENCE OF THE EMPLOYER / THE OWN COMPANY 雇主/本人公司的营业执照复印件 (加盖公章)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	BESTÄTIGUNG DES BEHANDELNDEN KRANKENHAUSES/ARZTES IN ÖSTERREICH CONFIRMATION OF THE TREATING HOSPITAL / DOCTOR IN AUSTRIA <ul style="list-style-type: none"> - On original paper of the hospital or doctor with address, phone number and E-mail of contact person - Reason of the treatment and whether the treatment is inpatient or outpatient - Confirmation of the treatment date - Probable duration and cost of treatment 奥地利医院/医生的确认函 <ul style="list-style-type: none"> - 使用医院/医生的信头纸, 内容需包含地址、联系人电话和电子邮箱 - 治疗原因以及治疗形式属于住院治疗还是门诊治疗 - 确认的治疗日期 - 预计的治疗持续时间和费用。 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	FINANZIERUNG DER BEHANDLUNGSKOSTEN / FINANCING OF TREATMENT COSTS <ul style="list-style-type: none"> - Confirmation of the hospital/doctor, whether the costs of the treatment are taken by the hospital, by the patient or another person or institution - confirmation of payment 治疗费用的资金证明 医院/医生的确认函, 注明治疗费用: <ul style="list-style-type: none"> - 由医院、病人还是第三方个人或机构承担 - 缴费证明 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	BEI AMBULANTER BEHANDLUNG MIT ANSCHLIESSENDEM AUFENTHALT IN Ö / IN CASE OF OUTPATIENT TREATMENT FOLLOWED BY A TOURIST STAY IN AUSTRIA / SCHENGEN MS <ul style="list-style-type: none"> - Proof of accommodation for the entire duration of the provisional stay in Austria or the Schengen area 如为门诊治疗, 之后在奥地利/申根国旅行停留 提供在奥地利/申根国全部停留时间的住宿证明	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	BEI MINDERJÄHRIGEN / MINORS Notarized declaration of consent of the person having the care and custody of the child in German or English language and legally attested by the Ministry of Foreign Affairs of the Republic of China, detailing: <ul style="list-style-type: none"> - The first and last name and date of birth of the person concerned and the child - The consent of the person entitled to care (f.e. parent/s) to allow the minor travel to and stay in Austria and other Schengen Member States together with the custodian - Copy of passport of the custodian - Copy of Schengen Visa or proof of permanent residency in Austria (if applicable) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

