NO. S M/93/

E.A.(P)-2EXTERNAL

FREE OF CHARGE

GOVERNMENT OF INDIA

APPLICATION FORM FOR MISCELLANEOUS SERVICES ON INDIAN PASSPORTS

(For use in Indian Mission/Post) (a) Renewal (b) Additional Booklet (b) Change of Address (d) PCC (e) Additional Endorsement (f) Child Deletion (g) Emergency Certificate (h) Change in Appearance (i) Any other Service

(Please delete inapplicable)

Applicant must paste (35 X 45 mm) one photogaph here with half the signature on the photograph and half on the application

Payment of Fee (to be filled by applicant)

Amount paid Euro_____by_____(Mode of Payment)

1. Full Name_____

2. Applicant's DATE OF BIRTH_____ Place of BIRTH_____

3. Residential address:

(i) In India

_____

_____

_____

Tel.:_____

(ii) In country of domicile

_____

_____

_____

Tel.:_____

4. Profession and business address_____ Tel..._____

5. Is applicant registered with the Indian Mission/Post? If not is he a member of any Indian Organisation? Give details.

6. (i) Name of Father
(ii) Name of Mother
(iii) Name of spouse & Nationality

7. Current Passport No._____ Valid until_____
Place of issue_____ Date of issue_____

8. Particulars of children to be deleted:

Name	Place & Date of Birth	Sex (M/F)
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. DECLARATION

I solemnly affirm that:

(i) I owe allegiance to the sovereignty and integrity of India

(ii) Information given above is correct and nothing has been concealed and I am aware that it is an offence under the Passport Act 1967 to knowingly furnish false information or suppress material information; and

(iii) I undertake to be entirely responsible for expenses of my son/daughter/ward

_____

Signature of applicant or T.I. of his legal Guardian (Left hand thumb impression of Male and right hand thumb impression of female)

Place_____ Date:_____

10. Two specimen signatures or thumb impressions required for service (c) within the space given below:

FOR OFFICE USE