E.A.(P)-2EXTERNAL



GOVERNMENT OF INDIA

APPLICATION FORM FOR MISCELLANEOUS SERVICES ON INDIAN PASSPORTS

(For use in Indian Mission/Post)

(a) Renewal (b) Change of Address (c) PCC (d) Additional Endorsement (e) Child Deletion (f) Any other Service

(Please delete inapplicable)

Applicant must paste (40 X 40 mm) one photograph 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
	(Present)

Tel.:_____

4.	Profession and business address				
	Tel.: Is applicant registered with the Indian Mission/Post? If not is he a member of any Indian Organisation? Give details.				
5.					
6.					
	(ii)Name of Mother (iii) Name of Spouse & Nationality				
	(III) Name of Spouse &				
7.	Current Passport No				
	Place of issue		Date of issue		
8.	Particulars of children to be deleted:				
	Name	Place & Date of I	Birth	Sex (M/F)	

9. DECLARATION

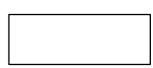
I solemnly affirm that:

(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/T.I. of applicant or legal Guardian (Left hand thumb impression of male and right hand thumb impression of female)

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



FOR OFFICE USE