Sl. EAPX- II-96

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 (c) Change of Address (d) PCC (e) Additional Endorsement (f) Child Deletion (g) Emergency Certificate (h) Change of appearance (i) Any other service.

(Please delete inapplicable)

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

And (Enclose 3 photos)

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		(ii) In countr	y of domicile
	ldress		
		Tel	
any Indian Organization?	h the Indian Mission/ Post? If n Give details.		
5. (i) Name of Father:			
(ii) Name of Mother:			
(iii) Name of Spouse & Na	ationality:		
7. Current Passport No.		Valid until	
Place of issue		Date of Issue	
3. Particulars of children to b	e deleted:		
Name	Place of birth	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 ONLY