

E.A.(P)-2 EXTERNAL

FREE OF CHARGE

APPLICATION FORM FOR MISCELLANEOUS SERVICES INDIAN PASPORT

(For use in Indian Mission / Post) Change of Address PCC Additional endorsement Any other Service (Specify)

Paste your unsigned recent colour photograph Size: 3,5 X 3,5 cm

(Please delete Inapplicable)

Pa	Payment of Fee (to be filled by applicant)																									
Ar Fo	or Delivery by mail \$/E extra to be paid as postal charges for each passport.															N rt.	Mode of Payment									
1. (a) Full Name															_											
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3.	Applicant's Car Driving License No Date & Place of Issue Residential address:															-										
(i) In India																										
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(ii) In	Coı	unt	ry o	f do	omi	icile	!																		
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4.	4. Profession and business address																												
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5. Is the applicant registered with the Indian Mission / Post? If not is he a member of any Indian organization? Give details.6. (i) Name of Father																													
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((ii) Name of Mother																												
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7.	7. Current Passport No Valid until																												
Place of its Issue Dare of Issue																													
8.	8. Particulars of Children to be included / deleted:																												
Name											Place & Date of Birth										Sex (M/F)								
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Note: In case a fresh inclusion of name(s), enclose (i) birth certificate(s) bearing names of both parents (ii) marriage certificate of parents and (iii) passports of both parents. Children below fifteen years of age can either apply for inclusion in their parent's generally mother's passport or apply for separate passports. Children above fifteen years must apply for separate passports.

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

Signature of applicant or T.L of his legal guardian (Left hand thumb impression of male and right hand thumb impression of female