

S1.EAPX-II-96

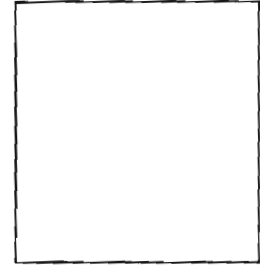


E.A.(P)-2EXTERNAL

FREE OF CHARGE

GOVERNMENT OF INDIA

APPLICATION FORM FOR MISCELLANEOUS SERVICES



1. Full Name of Applicant _____
2. Applicant's Date/Place of Birth _____
3. Address in Austria _____

4. Name of Father _____
5. Current Passport No. _____ Date of Issue _____
Place of Issue _____ Date of Expiry _____
6. Mobile No. _____

DECLARATION:

I undertake to be entirely responsible for information furnished above.

(Signature of applicant)

Place : _____ Date : _____