

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 country of domicile

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel.: \_\_\_\_\_ 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 Organization? 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 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

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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:

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FOR OFFICE USE ONLY