

Sl. No. : EAPX-II-96



E.A. (P)-2 EXTERNAL
FREE OF CHARGE

APPLICATION FORM FOR MISCELLANEOUS SERVICES ON INDIAN PASSPORTS

(For use in Indian Mission/Post)

(a) PCC (b) Any Other Service (Specify)

(Please delete Inapplicable)

Please staple one
Photograph of size of
2 x 2 inch
(51 mm x 51 mm) &
enclose three for
additional booklet

Payment of Fee (to be filled by applicant)

Amount Paid _____ by _____ (Mode of Payment)

For Delivery by mail \$/£ _____ extra to be paid as postal charges for each passport

1. Full Name : _____

2. Applicant's Car Driving Licence No. : _____

Date & Place of Issue : _____

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 its Issue: _____ Date of Issue: _____

8. Particulars of children to be included / deleted :

Name	Place & Date of Birth	Sex (M/F)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: In case a fresh inclusion of name(s), enclose the given below:-

(i) Birth certificate(s) bearing names of both parents

(ii) Marriage certificate of parents.

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

Signature or T.I of applicant or his legal Guardian
(Left hand thumb impression of Male & right hand
thumb impression of female)

Place: _____ Date: _____

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

FOR OFFICE USE