APPLICATION FORM FOR MISCELLANEOUS SERVICES ON INDIAN PASSPORTS

(For use in Indian Mission/Post) (a) Renewal (b) Additional Visa Sheet (c) Additional Booklet (d) Change of Address (e) PCC (f) Additional Endorsement (g) Child Inclusion/Deletion (h) Any Other Service (Specify)

Please staple one Photograph of size of 35 mm x 45 mm & enclose three for additional booklet.

Payment of Fee (to be filled by applicant)

Payment of fee $/£ .................................................. (Mode of Payment)

For Delivery by mail $/£ extra to be paid as postal charges for each passport
1. **Full Name:**

2. **Driving Licence No.**
   - **Date and Place of Issue:**

3. **Residential Address:**
   - **In India**
   - **In country of domicile**

4. **Profession and business Address**

5. **Are you an Indian Mission/Post?**
   - **If not, is he a member of any Indian Organisation?**
   - **Give details.**

6. **Name of Father**
   - **Name of Mother**
   - **Name of Spouse and Nationality**

7. **Current Passport No.**
   - **Valid until**

8. **Particulars of children to be included / deleted:**

<table>
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<tr>
<th>Name</th>
<th>Place &amp; Date of Birth</th>
<th>Sex (M/F)</th>
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**Notes:**
- In case of 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 the age of 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 of applicant or T.I. of his legal guardian
(Left hand thumb impression of male and right hand thumb impression of female)

स्थान / Place _______________ तारीख / Date _______________

10. नीचे दिखाए गए निर्देश स्थान में लेखा (ग) के लिए अपेक्षित हस्ताक्षर अथवा अंगूठे के निर्माण के की मूल्यांगे।

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

[Signature spaces]

______________________________

FOR OFFICE USE

कार्यालय प्रयोजन के लिए