



APPLICATION FOR MISCELLANEOUS SERVICES (PCC - Foreign Nationals)

SERVICE BEING APPLIED FOR Please select the relevant service only

- | | |
|--|---|
| <input type="radio"/> Registration of birth of child | <input type="radio"/> Attestation of Signatures |
| <input type="radio"/> Birth Certificate on basis of passport | <input type="radio"/> Attestation of Documents |
| <input type="radio"/> Police Clearance Certificate | <input type="radio"/> Marriage Certificate |
| <input type="radio"/> Affidavit by Parents applying for child's passport | |

Paste your recent
Photograph (2"x2" Size)

Country for which PCC required:

Purpose of PCC:

1. Full Name

Last Name

Middle Name

First Name

2. Father's Name

Last Name

Middle Name

First Name

3. Mother's Name

Last Name

Middle Name

First Name

4. Permanent Address in India

Address

Tel. No

5. Permanent Address in Australia

Address

Tel.No

Email

6. Profession & Business Address of Company

Company Name

Address

Tel. No

7. Place of Birth

Date of Birth

(dd/mm/yyyy)

8. Current Passport No

Place of Issue

9. Name of Spouse

(if applying for marriage certificate)

Last Name

Middle Name

First Name

Nationality

10. Particulars of child/children

(if applying for registration of birth of child)

Full Name

Place of Birth

Date of Birth (dd/mm/yyyy)

Sex

Select

M/F

Full Name

Place of Birth

Date of Birth (dd/mm/yyyy)

Sex

Select

M/F

Full Name

Place of Birth

Date of Birth (dd/mm/yyyy)

Sex

Select

M/F

Full Name

Place of Birth

Date of Birth (dd/mm/yyyy)

Sex

Select

M/F

11. If applying for PCC on **non-Indian Passport** (yes) (submit copies of passport pages with arrival and departure stamp of Indian immigration, if applicable):

Duration of stay in India:

Type of Visa during stay:

Visa Number:

Passport Number on which visa was issued:

Declaration:

I solemnly affirm that the information given here is correct and nothing has been concealed and I am aware that it is an offence under the Indian Passport Act, 1967 to knowingly furnish false information or suppress material information

Place:

Date (dd/mm/yyyy)

Signature or Thumb Impression of Applicant or his/her guardian
(Left thumb impression of male and right impression of female)