



E.A.(P) – 2 EXTERNAL

APPLICATION FORM FOR MISCELLANEOUS SERVICES ON INDIAN PASSPORT

(For use in Indian Mission / Post) Change of Address PCC Additional endorsement Any Other Service (Specify)

Paste your unsigned
recent colour
photograph.
Size: 3.5 X 3.5 cm

(Please delete inapplicable)

Payment of Fee (to be filled by applicant)

Amount paid \$/E _____ by _____ Mode of payment _____

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

1. (a) Full Name

[illegible]

2. Applicant's Car Driving Licence No. _____ Date & Place of Issue _____

3. Residential address :

(i) In India

[illegible]

(ii) In County of domicile

[illegible]

4. Profession and business address

[illegible]

Tel.: _____

5. Is applicant registered with the Indian Mission / Post ? If not is he a member of any Indian Organisation ? Give details.

6. (i) Name of Father

[illegible]

(ii) Name of Mother

[illegible]

(iii) Name of Spouse & Nationality

[illegible]

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 (i) birth certificate(s) bearing names of both parents (ii) marriage certificate of parents and (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 of applicant or T.I. of his legal Guardian
(Left hand thumb impression of Male and right hand
thumb impression of female)

Place _____ Date _____

1. Two specimen signatures or thumb impressions required for service within the space give below.

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