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

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

3. Residential address :

(i) In India

(ii) In County of domicile

4. Profession and business address

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

(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 (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.