## APPLICATION FOR NEW INDIAN PASSPORT AND ADDITIONAL BOOKLET

Note: Please use CAPITAL LETTERS only and write out name in expanded form, initials are NOT acceptable.

A. PARTICULARS OF APPL	JCANT FOR WHOM THE PASSPO	ORT IS REQUIRE	ED
1.Surname:	Fore Name:		
2.Aliases, if any:			
3.Maiden name:			
4.If you have ever changed yo	our name, write your previous name:	·	
5.Date of Birth:	6.Place of Birth:	7.Sex:	
8.Father's name in full:			
9. Mother's name in full:			
10. Spouse's name in full:			
11. Applicant's profession:	12. Heig	12. Height (m):	
13. Colour of eyes:	14. Colour of hair:-		
15. Visible distinguishing mar	ks:		-
B. APPLICANT'S ADDRESS	SES:		
1.Present Address	2.Permanent Address	3.Addres	s in India
Tel No.	Tel No.	Tel No.	

C.PARTICULARS OF THE RELATIVE TO BE INTIMATED IN CASE PASSPORT HOLDER FACES ANY DIFFICULTY ABROAD: Name Relationship Full address with telephone number
D.CTTIZENSHIP: Citizen of India by birth /descent/registration/naturalisation (In case of first application for passport, please attach a certified copy of the citizenship document)
E.PREVIOUS PASSPORT:  1.Please attach the passport/travel document previously held by you, and give the following details:  NumberDate of IssuePlace of Issue
<ul><li>2. Were you ever refused a passport?</li><li>3. Was your passport ever ordered to be impounded or revoked? (if answer 2 or 3 is YES, please enclose a copy of the official communication received by you.)</li></ul>
F. DECLARATION OF APPLICANT:
I solemnly declare that:  (i) I have not voluntarily acquired the citizenship of other country,  (ii) I have not lost/surrender/been deprived of my citizenship of India,  (iii) The information given by me to the questions in this form is true.
PLACE: DATE: (Signature of applicant or thumb impression)
11 DECLARATION OF PARENT/LEGAL GUARDIAN IF THE APPLICATION IS ON BEHALF OF A MINOR
<ul> <li>(i) I affirm that the particulars given above are in the respect of————————————————————————————————————</li></ul>
Place: Date: Signature(both parents/legal guardian) NOTE: APPLICANT PLEASE GIVE YOUR TWO SPECIMEN SIGNATURE OR THUMB IMPRESSION (RIGHT THUMB IF FEMALE, OR LEFT THUMB IF MALE) IN THE BOXES PROVIDED BELOW:

WARNING:IT IS AN OFFENCE UNDER THE INDIAN PASSPORT ACT 1967 TO KNOWINGLY FURNISH FALSE INFORMATION OR SUPPRESS MATERIAL INFORMATION.

Applicant's surname Mr/Mrs/Miss	
First names	
Place and Date of Birth	Nationality
Passport No	Date and Place of Issue
Full details of additions or amendments r	required and reasons for the request:
Dated	Signed
Present address and Telephone Number-	

## INDEXCARD

## To be filled in by applicant in BLOCK LETTERS

1. Full name (Mr./Mrs./Miss.):	
2. Father's/Husband's name:	
3. Permanent address:	
4. Visible distinguishing marks:	
5. Place of birth:	
6. Date of birth:	
7. Profession:	
8. Previous passport No.:	
9. Date of issue:	
10.Specimen signature:	