

Sl. No. : EAPX-II-96



E.A. (P)-2 EXTERNAL  
FREE OF CHARGE

**APPLICATION FORM FOR MISCELLANEOUS SERVICES ON INDIAN PASSPORTS**

(For use in Indian Mission / Post)

(a) PCC (b) Additional Endorsement (c) Any Other Service (Specify)

( Please delete Inapplicable )

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)

Amount Paid \_\_\_\_\_ by \_\_\_\_\_ (Mode of Payment)

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

1. Full Name

\_\_\_\_\_

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

\_\_\_\_\_

3. Residential Address :

(i) In India

(ii) In country of domicile

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Tel. : \_\_\_\_\_

Tel. : \_\_\_\_\_

4. Profession and business address \_\_\_\_\_

Tel. : \_\_\_\_\_

5. Is applicant registered with the Indian Mission / Post ? If not, is he a member of any Indian Organization ? 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 which attract penal and other punishments under the Act ; and
- (iii) I undertake to be entirely responsible for expenses of my son / daughter / ward.

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Signature or T.I. of applicant or his legal  
Guardian (Left hand thumb impression of  
Male & right hand thumb impression of female)

Place \_\_\_\_\_ Date \_\_\_\_\_

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

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**FOR OFFICE USE**