APPLICATION FORM FOR MISCELLANEOUS SERVICES ON INDIAN PASSPORTS

(For use in Indian Mission/Post) (a) Renewal (b) Additional Visa Sheet (c) Additional Booklet (d) Change of Address (e) PCC (f) Additional Endorsement (g) Child Inclusion/Deletion (h) Any Other Service (Specify)

(Who paid the charge)
(Please delete inapplicable)

Payment of Fee (to be filled by applicant)
Passport is Rs. $/€ _____________________________ (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 Driving Licence No.**

3. **Date & Place of issue**

4. **Residential address:**
   (i) **In India**
   (ii) **In country of domicile**

5. **Telephone/Tel.**

6. **Profession and business address**

7. **Name of Father**
   **Name of Mother**
   **Name of Spouse & Nationality**

8. **Current Passport No.**
   **Place of its issue**
   **Date of issue**

9. **Particulars of children to be included/deleted:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age &amp; Date of Birth</th>
<th>Sex (M/F)</th>
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Note: In case a fresh inclusion of name(s), enclose (i) birth certificate(s) bearing names of both parents, (ii) marriage certificates 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)

स्थान/Place ____________ तारीख/Date ____________

10. **FOR OFFICE USE**

कार्यालय प्रयोग के लिए

FOR OFFICE USE
Embassy of India
Tel Aviv

Name:

Passport/ID No.:

Address:

Telephone No.:

Service required:

Company/organization representing:

Date:

Signature: