APPLICATION FOR INDIAN PASSPORT												
		1 RE-ISSUE OF PASSPORT						PASTE A PHOTO HERE (2 inch x 2 inch) Sign below the photograph (by applicant)				
			2	DUPLICATE PASSPORT IN LIEU OF LOST, STOLEN OR DAMAGED PASSPORT								
HIGH COMMISSION OF INDIA India House, Aldwych, London WC2B 4 NA Tele: 020 7836 8484 (General) 020 7632 3119 (Enquiry) Fax: 020 7632 3196 E-mail: att.passport@hcilondon.in Website: http://www.hcilondon.in			3 IDENTITY CERTIFICATE									
			4 CHANGE OF NAME/SURNAME									
			5 EMERGENCY CERTIFICATE									
			6 CHANGE IN APPEARANCE						(thumb impression in case of infant/minor below 5 yrs)			
			7 PASSPORT FOR CHILDREN BORN IN UK									
			RE-ISSUE OF SHOR									
				PASSPORTS MISCELLANEOUS SERVICE								
			9	MISCELLANEOUS SERVICE]			
(PERS	ONAL CHEQUE	S/CRED	 REDIT CARDS ARE NOT ACCEPTED FOR PAYMENT OF							F FEES) (FILL IN USING BLOCK		
NOTE (FERSONAL CHEQUES/CREDIT CARDS ARE NOT ACCEPTED FOR PATMENT OF FEES) (FILE IN USING BLOCK LETTERS WITH BLUE/ BLACK INK ONLY)												
1. FULL NAME (EXP	PANDED INITIALS	S)										
(GIVEN NAME) (MIDDLE NAME) (SURNAME NAME)												
`	,	DUR NA			,	IOUS NAME	<u> </u>		(OOTTIVIO	= NAME)		
2. IF YOU HAVE EVER CHANGED YOUR NAME, WRITE YOUR PREVIOUS NAME: 3. PLACE OF BIRTH 4. COUNTRY OF BIRTH												
5. DATE OF BIRTH												
			(DD) / (/MM) / (YYYY)							T		
7. FULL NAME OF FATHER								NATION	NATIONALITY			
8. FULL NAME OF MOTHER								NATION	NATIONALITY			
9. PROFESSION												
10. HEIGHT		. COLOUR OF EYES				12. COLOUR OF HAIR						
13. VISIBLE DISTING	GUISHING MARK	S, IF AN	ΙΥ									
14. FULL NAME OF	SPOUSE											
15. PRESENT ADDR	RESS IN UK											
TEL. NO.			MOB.	NO.			E- MA	IL				
16. PERMANENT AL	DDRESS IN INDIA	Λ.										
17. PARTICULARS (OF A PERSON TO	BE IN	ГІМАТЕ	D IN THE	EVENT	OF DEATH/	ACCIDENT	EMERGE	NCY:			
a.) NAME	NAME b.) Relationship c.) Tel.											
d.) ADDRESS												
i) Birth ii) Descent iii) Naturalization Registration 18. ARE YOU A CITIZEN OF INDIA BY												
10. ARE YOU A CITI	ZEN OF INDIA B	T										
19. DID YOU EVER I COUNTRY? If s			NATION	ALITY O	R TRAVI	EL DOCUME	NT OF ANY	OTHER		Yes No		

<u>Please Note</u>: It is an offence to knowingly furnishing any false information or to suppress marital information when applying. Please complete every column of application form. Write 'NOT APPLICABLE' where information is nil.

20. IS THIS AF	PPLICATION FOR A PA	SSPORT FOR THE (attach se	elf attest	ed copies of passp	ort – first, last & UK val	lid visa pa	iges)	
☐ FIRST T	IME NEW PAS	SPORT IN REPLACEMENT C	F AN EX	PIRED PASSPORT	DUPLICATE I	PASSPOR	T?	
	PPLICATION IS FOR DU ed, please attach damag	JPLICATE PASSPORT, WAS ded passport)	THE PRE	VIOUS PASSPORT	LOST DAMAG	GED		
22. PRESENT	PASSPORT NO. OR DAI	MAGED OR LOST PASSPORT	NO.					
I) DATE OF	ISSUE		III) DATE OF EXPIRY					
23. a.) WERE	YOU EVER REFUSED		Yes No					
b.) WAS Y	OUR PASSPORT EVER	REVOKED?	Yes No					
	TO ANY OF THESE QUI /E OTHER DETAILS.	ESTIONS IS "YES," PLEASE E	ENCLOSE	A COPY OF THE C	OFFICIAL COMMUNICA	TION REC	EIVED BY	
	U EVER APPLIED FOR IT DOCUMENTS.	EASE ATTACH	□Yes	□No				
		NCES OF LOSS/THEFT/DAM PASSPORT. (PLEASE ATTA						
b.) DETAI	ILS OF RESTRICTION,	F ANY, PUT ON APPLICANT	S DAMA	GED/LOST PASSPO	PRT			
	OF THE SERVICE REQ 'ING FOR MISC. SERVI							
	IGNATURE OF APPLIC RESSION, IN CASE OF	_						
		SELF D	ECLARA	TION:				
		GNTY & INTEGRITY OF INDIA. Y. I HAVE NOT LOST, SURREN					R TRAVEL	
THAT IT IS AN	OFFENCE UNDER PAS	HIS FORM AND ENCLOSURES SPORT ACT, 1967 TO FURNISH INING PASSPORT OR ANY OT	ANY FA	LSE INFORMATION (
I FURTHER DE	ECLARE THAT I HAVE N	O OTHER PASSPORT / TRAVEL	DOCUM	ENT.				
ı				. •	ature or thumb impre	ession of	applicant)	
		Declaration by Parents/L	egal Gu	ardian in case of Mi	nor:			
2) I und 3) I sole 4) I her Shou	emnly declare that he / sh reby declare that	onsible for his / her expenses. e has not lost, surrendered or be lauthorities for such a travel docu	en depriv	ed of his/her citizensh Chas not applied for o	r acquired U.K. citizenship	o / travel do	cument. nmediately so	
Place :				(Signati	ure of both the Parer	nts /legal	guardian)	
Date:								
Signature or thumb impression of applicant								