



सत्यमेव जयते

EMBASSY OF INDIA, MOSCOW

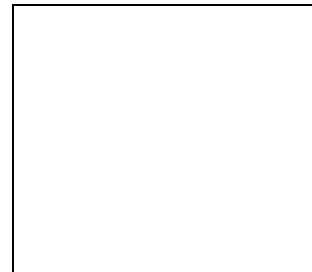
APPLICATION FORM MISCELLANEOUS SERVICES ON INDIAN PASSPORTS

(Photocopy of this form is accepted)

For use in Indian Mission/Post

(a)Passport extension (b) Identity certificate (c) Change of address in Passport (d) PCC (e) Additional endorsement (f) Inclusion of spouse name in Passport (g) Other Miscellaneous service (Specify)

(Please delete inapplicable)



Applicant must paste one color photograph of size 35mm*45mm above with half the signature on the photograph and half on the application



Payment of Fee (to be filled by applicant)

Amount paid _____ By _____ mode of payment)

1. Full Name _____
(expanded initials) (surname)

2. Residential Address:

(i) In India _____ (ii) In Russia _____

Tel: _____ Tel: _____

3. If the application is for PCC/IC/Miscellaneous Certificates, please specify the purpose for which it is required: _____

4. Profession/Designation: _____

5. Name of the Company/Organization: _____

6. Company/Business Address: _____

Tel: _____ Mobile No: _____

E-mail: _____

7. Is applicant registered with the Indian Mission/Post? If not, is he a member of any Indian Organization? Give details. _____

8. (i) Name of Father:

(ii) Name of Mother:

(iii) Name of Spouse and Nationality:

9. Current Passport No.: _____

Place of issue: _____ Date of issue: _____

Valid until: _____

Note: Separate passport will be issued to children of all ages. However, children below 15 years of age will be given a 5 year maximum validity passport only.

10. DECLARATION:

I solemnly affirm that:

I owe allegiance to the sovereignty, unity and integrity of India.

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

I undertake to be entirely responsible for expenses of my son/daughter/ward.

Signature of applicant or Thumb Impression
of his legal guardian.(Left hand thumb impression
Incase of male and right hand thumb impression
Incase of female)

Place _____ Date: _____

11. Two specimen signatures or thumb impressions required for service within the spaces given below: