## Consulate General of India Dubai

## APPLICATION FORM FOR MISCELLANEOUS SERVICES ON AN INDIAN PASSPORT

(a)Extension of validity of the Short Validity Passports (b) Change of Address (Observation) (c) PCC (d) Birth certificate on the basis of passport particulars (e)For endorsing Surname separately from the given name as shown in the passport (f)Additional Endorsements like inclusion of spouse name (g) Child Deletion (h) Any Other Service (Specify) (Please delete inapplicable)

	Applicant must paste (35 x 45 mm) one photograph here with half the signature on the photograph and half on the application
Amount of fee (paid in cash): AED (UA in by the applicant)	AE Dhirams) (to be filled
1. Full Name	Sex (Tick Mark):
Male/Female 2. Applicant's Driving Licence No no./Identity Card no	./Labour Card(Pataka) No./Health Card Date & Place of Issue
3. Residential Address* : (i) In India	(ii) In country of domicile
Tel./Tlx./Fax/E-Mail	Tel./Tlx./Fax/E-Mail

Professional and Business address\* : \_\_\_\_\_\_

Tel./Tlx/Fax/E-Mail\_\_\_\_\_

\*Please give complete physical location and not just the P.O. Box no. Please indicate Flat/Apartment/Villa no., No./Name of the Building, No/Name of the Street, Area/Zone important landmarks to help identify the building etc. and telehone/telex/fax no. and e-mail address, if any

5. Is applicant registered with this Embassy or our Consulate General in Dubai? If not, is he a member of any Indian Organisation/Association? Give details?

6.Name of Father			
Name of Mother			_
Name of Spouse			&
Nationality			α
7. Current Passport No Valid upto Place of issue Date of issue		_	
8. Applicant's IDP No Issue		Date	& Place of
9. Particulars of children to be de Name Plac	leted : ee & Date of Birth	Sex (M	I/F)

## 10.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 and the rules made thereunder to knowingly furnish wrong/incorrect 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 & right hand thumb impression of female)

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

11.Two specimen signatures or thumb impressions required for service/for issue of additional booklet within the space given below

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