

HIGH COMMISSION OF INDIA

31 Grange Road, India House, Singapore 239702

Telephone: 65-67376777 Fax: 65 -62382525

Website: www.hcisingapore.gov.in

SIGNATURE OF THE APPLICANT/ THUMB IMPRESSION OF CHILD BELOW 12 YEARS

For Fresh/renewal of passport, due to expiry of validity/exhaustion of pages/loss/damage/ (3.5cm X 4.5cm) change in appearance/..... (other reason, if any) **TAKEN WITHIN 6** Amount paid: S\$ by (mode of payment) **MONTHS** (To be filled in by the applicant) NOTE : PASSPORT APPLICATION FORM WITHIN THIS BLOCK This is a Machine Readable Form. it will be scanned on computer. PLEASE FILL IN BLOCK LETTERS. Please fill the form, strictly as per instructions given. SURNAME: (In case Given Name exceeds 30 characters part of the given name may be adjusted with Surname) **GIVEN NAME:** SEX DATE OF BIRTH (DD-MM-YYYY) Male Female **PLACE OF BIRTH FATHER'S NAME / LEGAL GUARDIAN'S NAME** NAME OF MOTHER NAME OF HUSBAND / WIFE **PERMANENT ADDRESS (IN INDIA)** CURRENT PASSPORT DETAILS (IF ANY) 1. CURRENT PASSPORT NUMBER 2. DATE OF ISSUE 3. PLACE OF ISSUE **FOR OFFICE USE ONLY** DATE OF ISSUE PASSPORT NUMBER **FILE NUMBER**

PHOTO OF THE APPLICANT

ATTACH 1 PASSPORT SIZE **PHOTOGRAPH** MATE FINISH

1. Full Name: (Name Given)	(Surname)
2. Aliases, if any:	•
	ious name in full:
4. Height: (cm) / Colour of Eyes:	/ Hair:
5. Visible Distinguishing marks, if any:	
6. Permanent Address: In India:	
	Physical A.
7. Present Address: In Singapore:	
	Phone(s)
B. Name of Father.	/ Country of his birth:
9. Name of Mother:	/ Country of her birth:
0. Married/ Unmarried:	
O Palantanato en e	
3. When did applicant first leave India:	When was he/she in India last:
How long has applicant continuously resided abroad?	
5. Profession and business address:	
	Phone(s)
6. Please mention, if citizen of India by birth / descent / nature	alization / Registration
7. Did applicant ever posses any other nationality or travel doc	ument of any other country, if so, please give details:
3. Was applicant ever refused an Indian Passport?	Yes / No
). Was applicant's passport ever impounded/ revoked? If so, p	
. Names and full addresses of two relatives/friends: In India:	
	Phone(s)
In Singapore:	
	Phone(s)

21. Has applicant ever been re	epatriated from abroad to In	dia at the expenses of the Government of India? If so, please give detail:
28. No. of lost/ damaged passp	port:	Place of Issue:
Date of Issue:		
29. Briefly state circumstances police in case of loss / theft	of loss / theft / damage of p	passport on a plain paper and attach copy of report lodged with local
30. Give details of restriction, if	any, put on applicant's dan	naged / lost passport.
31. Did applicant availed transfe	er of residence, foreign trave	el scheme facility on lost / damage passport? If so, please give details:
DECLARATION		
solemnly affirm that, (i) I owe allegiance to the s	sovereignty and integrity of	
material information, whi	an onence under the Pass ich attract penal and other p y responsible for expenses	
		Signature of the Applicant
		Signature of the Applicant OR For Minor child thumb Impression (Left hand of male and right hand of female)
		OR For Minor child thumb Impression
		OR For Minor child thumb Impression
lato:		OR For Minor child thumb Impression (Left hand of male and right hand of female)
rate:		OR For Minor child thumb Impression
ate:		OR For Minor child thumb Impression (Left hand of male and right hand of female)
ate:		OR For Minor child thumb Impression (Left hand of male and right hand of female)
		OR For Minor child thumb Impression (Left hand of male and right hand of female) Place:
pecimen signature of the app for Minor child thumb Impression	n (Left hand of male and ric	OR For Minor child thumb Impression (Left hand of male and right hand of female) Place:
pecimen signature of the app for Minor child thumb Impression	n (Left hand of male and ric	OR For Minor child thumb Impression (Left hand of male and right hand of female) Place:
pecimen signature of the app for Minor child thumb Impression	n (Left hand of male and ric	OR For Minor child thumb Impression (Left hand of male and right hand of female) Place:
Date: pecimen signature of the app for Minor child thumb Impression for Minor Child, Signature of bo	n (Left hand of male and ric	OR For Minor child thumb Impression (Left hand of male and right hand of female) Place: