PASSPORT APPLICATION FORM

PLEASE FILL IN BLOCK LETTERS.

SURNAME: (In case Given Name exceeds 30 characters part of the given name may be adjusted with Surname)

GIVEN NAME:

SEX

Male □ Female □

DATE OF BIRTH (DD-MM-YYYY)

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

FILE NUMBER

PASSPORT NUMBER

DATE OF ISSUE
1. Full Name: __________________________ (Name Given) __________________________ (Surname)

2. Aliases, if any: _________________________________________________________________

3. Has applicant ever changed his/her name? If so, give previous name in full:
   ________________________________________________________________

4. Height: __________ (cm) / Colour of Eyes: __________ / Hair: __________

5. Visible Distinguishing marks, if any: ____________________________________________

6. Permanent Address: In India: __________________________________________________
   Phone(s): __________________________

7. Present Address: In Singapore: __________________________________________________
   Phone(s): __________________________

8. Name of Father: __________________________ / Country of his birth: __________________

9. Name of Mother: __________________________ / Country of her birth: __________________

10. Married/ Unmarried: __________________________

11. Name and Nationality of Spouse: _______________________________________________

12. Educational Qualification: ____________________________________________________
    (In order to determine emigration status)

13. When did applicant first leave India: __________ When was he/she in India last: __________

14. How long has applicant continuously resided abroad? ____________________________

15. Profession and business address: ______________________________________________
   Phone(s): __________________________

16. Please mention, if citizen of India by birth / descent / naturalization / Registration

17. Did applicant ever possess any other nationality or travel document of any other country, if so, please give details:
   ________________________________________________________________

18. Was applicant ever refused an Indian Passport? Yes / No

19. Was applicant's passport ever impounded/ revoked? If so, please give details: Yes / No

25. Names and full addresses of two relatives/friends:
   (I) In India: ________________________________________________________________
       Phone(s): __________________________

   (II) In Singapore: __________________________________________________________
       Phone(s): __________________________
26. Are any criminal proceedings pending against applicant in any court in India? If so, please give details:

27. Has applicant ever been repatriated from abroad to India at the expenses of the Government of India? If so, please give details:

28. No. of lost/damaged passport: ___________________________  Place of Issue: ___________________________
   Date of Issue: ___________________________  Date of Expiry ___________________________

29. Briefly state circumstances of loss/theft/damage of passport on a plain paper and attach copy of report lodged with local police in case of loss/theft.

30. Give details of restriction, if any, put on applicant’s damaged/lost passport.

31. Did applicant avail transfer of residence, foreign travel scheme facility on lost/damaged passport? If so, please give details:

DECLARATION

I solemnly affirm that,
(i) I owe allegiance to the sovereignty and integrity of India, and
(ii) Information given above in respect of myself, my son/daughter/ward 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, which attract penal and other punishments under the acts and,
(iii) I undertake to be entirely responsible for expenses of my son/daughter/ward.

________________________________________
Signature of the Applicant

OR

For Minor child thumb impression
(Left hand of male and right hand of female)

Date: ___________________________  Place: ___________________________

Specimen signature of the applicant within the space given below:
[For Minor child thumb impression (Left hand of male and right hand of female)]
[For Minor Child, Signature of both Parents above the box]