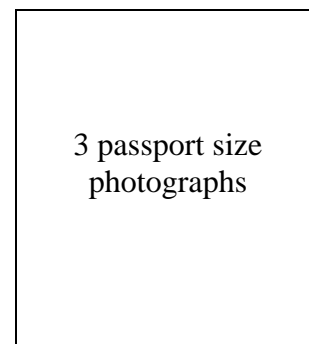


**CONSULATE GENERAL OF INDIA  
DUBAI**

**APPLICATION FORM FOR MISCELLANEOUS SERVICES  
ON AN INDIAN PASSPORT**

(a) Extension of Validity (b) Change of Address (c) PCC (d) Additional Endorsement (e) Child Deletion (f) Any Other Service (Specify) (Please delete inapplicable)



Amount of fee (paid in cash) : AED(UAE Dhiraams) \_\_\_\_\_ ( to be filled in by the applicant)

1. Full Name \_\_\_\_\_ Sex (Tick Mark): Male/Female
2. Applicant's Car Driving Licence No./Labour Card(Pataka) No./Health Card no./Identity Card no. \_\_\_\_\_ 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 \_\_\_\_\_
4. Profession 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 telephone/telex/fax no. and e-mail address, if any

5. Is applicant registered with the 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 \_\_\_\_\_

7. Current Passport No. \_\_\_\_\_ Valid upto \_\_\_\_\_

Place of issue \_\_\_\_\_ Date of issue \_\_\_\_\_

8. Particulars of children to be deleted :

Name	Place & Date of Birth	Sex (M/F)
_____	_____	_____
_____	_____	_____

9. 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 \_\_\_\_\_

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

FOR OFFICE USE