



**CONSULATE GENERAL OF INDIA**  
**19 Jl. Uskup Agung a. Sugiopranoto**  
**Medan-20152 (Indonesia)**

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

**IT IS AN OFFENCE UNDER THE INDIAN PASSPORT ACT OF 1967 TO  
DELIBERATELY FURNISH FALSE INFORMATION OR SUPPRESS INFORMATION**

For use of (a) Child Inclusion / Deletion (b) Registration of Child (c) Change of Name & Address (d) PCC  
(e) Life / Birth / Marriage Certificate (f) Emigration Waiver (g) Any other services (Pl. Specify)

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Please staple  
one colour  
photograph  
of size of  
35 mm x 45 mm

1.  
Name in Full: \_\_\_\_\_  
(First) (Middle) (Last)

2. Permanent Address in India & Tel. No.  
\_\_\_\_\_  
\_\_\_\_\_

3. Permanent Address in Indonesia & Tel. No. & e-mail ID (if any)  
\_\_\_\_\_  
\_\_\_\_\_

5. Profession & Business Address with Tel. No.  
\_\_\_\_\_  
\_\_\_\_\_

6. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Day) (Month) (Year)

7. Current Passport No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

8. Date of Issue \_\_\_\_\_ Valid until \_\_\_\_\_

9. Full Name of Father \_\_\_\_\_

10. Full Name of Mother \_\_\_\_\_

11 Name & Nationality of spouse \_\_\_\_\_

**Declaration (To be signed by Indian Citizens only)**

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 offense under the Passport Act 1967 to knowingly furnish false information Information.
- iii) I undertake to be entirely responsible for expenses of my son/daughter/ward.
- iv) I solemnly declare that I have not lost, surrendered or been deprived of my Indian citizenship.
- v) I further declare that I have not voluntarily acquired citizenship of any other country and I have no other passport or travel document in my possession.

\* This declaration has to be notarized by a Notary Public in case of an applicant whose passport expired more than six months before the date of submission of this application

12. Two Specimen signatures or thumb impressions required for service (c) within the space given below.

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FOR OFFICE USE

