



सत्यमेव जयते

EMBASSY OF INDIA, MOSCOW

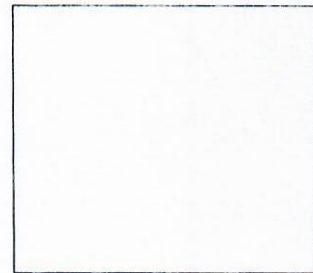
**APPLICATION FORM MISCELLANEOUS SERVICES ON
INDIAN PASSPORTS**

(Photocopy of this form is accepted)

For use in Indian Mission/Post

(a) Passport extension (b) Identity certificate (c) Change of address in Passport (d) PCC
(e) Additional endorsement (f) Inclusion of spouse name in Passport (g) Other
Miscellaneous service (Specify)

(Please delete inapplicable)



Applicant must paste
one color photograph
of size 35mm*45mm
above with half the
signature on the
photograph and half on
the application



Payment of Fee (to be filled by applicant)

Amount paid _____ By _____ mode of payment)

1. Full Name _____
(expanded initials) (surname)

2. Residential Address:

(i) In India _____

(ii) In Russia _____

Tel: _____

Tel: _____

3. If the application is for PCC/IC/Miscellaneous Certificates, please specify the purpose
for which it is required: _____

4. Profession/Designation: _____

5. Name of the Company/Organization: _____

6. Company/Business Address: _____

Tel: _____ Mobile No: _____

E-mail: _____

7. Is applicant registered with the Indian Mission/Post? If not, is he a member of any Indian Organization? Give details. _____

- 8. (i) Name of Father: _____
- (ii) Name of Mother: _____
- (iii) Name of Spouse and Nationality: _____

9. Current Passport No.: _____
Place of issue: _____ Date of issue: _____
Valid until: _____

Note: Separate passport will be issued to children of all ages. However, children below 15 years of age will be given a 5 year maximum validity passport only.

10. DECLARATION:

I solemnly affirm that:
I owe allegiance to the sovereignty, unity and integrity of India.
Information given above 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 and
I undertake to be entirely responsible for expenses of my son/daughter/ward.

Signature of applicant or Thumb Impression
of his/her legal guardian.
(**Left hand** thumb impression in case of **male** and
Right hand thumb impression in case of **female**)

Place _____ Date: _____

11. Two specimen signatures or thumb impressions required for service within the spaces given bellow: