				APPLI	ICA1	TIOI	N FOR	RINDI	AN I	PA:	SSPORT					
Г		1.	SSUE O		PASSP	PORT	FRESH/	AFTER TI	N YE	EARS	S/FIVE YEARS	FOR			ASTE A	
		2. C	HANGE	OF NAME	E/SUR	NAMI	Ē							PHC	OTO HERE	
		3. C	HANGE	IN APPEA	ARANC	CE										
		4. R	ENEWA	L OF SHO	RT VA	ALIDIT	Y PASSP	ORT							SIGNATURE OR ESSION BE GIVEN IN	
सत्यमेव जयते		5. N	/IISCELL/	ANEOUS S	SERVIO	CE							THUIVIB		BOX BELOW	
300000 St. 10000 St.																
		Cons	ular Sur	charge Pl	lus ser	rvice f	ee	e, New Pa	-		or Minor) C\$ 5 vice fee	1+2				
<ul> <li>The phobe acce</li> <li>The approach, all</li> <li>Existing Pass</li> <li>Work Perm</li> <li>Proof of Acceptable</li> </ul>	, incort : oto oto oto oto plica nd : sspo ddr catic atic atic atic atic atic atic ati	size (3.5 graph r d cover graph Ned. ant's he shouldert in ori study Peess (Phon is serpove in	5 cm x 3. must be r about MUST be ead, incl ers must iginal and ermit/Im totocopy nt by mai	5 cm) pho a full-face 60-70 pe e in color luding bo t be visible d photoco imigration y of Drive il a prepai ons as we	etographe from the factor of t	phs- fr nt view of the nave of ce and of its re us and nses, E addre those	ontal vie v facing photo a nly a wh hair, sh elevant p PR Card Bank Stat ssed env availak	w against the came area nite backg ould be sages. If in originatement of elope from ould on ou	white ra dir round hown nal and rutilit n Fed- r wek	back ectly d. Ph from d c c ty bil EX o	reground.  The crown of the cro	of the he of. Jurisdic is to be s	ad to the tion only. ent along	tip of	ckgrounds will not the chin. The ears, ne application. carefully before	
1. FULL NAME (I			O INITIAL	LS)			(MII	DDLE NAI	<u>л</u> Е)					(SI	JRNAME NAME)	
2. ALIASES (If a	nv)														·	_
3. IF YOU HAVE		ED CHV	NGED V	OLID NIAN	ME \//	DITE	VOLID DE	PEVIOUS I	1001							_
4. PLACE OF BIR		LIN CITA	INGLD I	OOK NAN	VIL, VV	MIL	TOOK FI	(LVIOUS I			OUNTRY OF					_
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6. DATE OF BIRT	ГН				(DD)	/	′ (N	1M) /	(`	YYYY	<b>(</b> )	7. SEX				
8. FULL NAME C	OF F	ATHER	t									NATIC	NALITY			
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12. HEIGHT					13. C	OLOU	R OF EYE	ES				14. CO	LOUR OF	HAIR		
15. VISIBLE DIST	ΓINC	GUISHII	NG MAR	RKS, IF AN	1Y											
16. PRESENT AD	DR	ESS IN	CANADA	Д												
TEL. NO.								E-MAIL								_
17. PERMANEN	T AI	DDRESS	S IN IND	IA						•						
TEL. NO.			_				_					_				
18. PARTICULAR	RS C	OF ANY	RELATI	VE TO BE	INTIN	1ATEC	IN CASE	E PASSPO	RT HC	DLDE	R FACES ANY	DIFFICU	LTY ABRO	AD:		
a.) NAME							b.) REI	LATIONSH	IIP			c.	) TELEPH	ONE		
d.) ADDRESS	s															

19. ARE YOU A CITIZEN OF	INDIA BY I) BIF	KIH	) DESCEN	<u> </u>	III) NATURALIZATION REGISTRATION?
20. DID YOU EVER POSSESS If so, please give detail:		ALITY OR TRAVEL I	DOCUME	NT OF ANY OTHE	R COUNTRY?
21. PRESENT PASSPORT NO	).				<u> </u>
I) DATE OF ISSUE		II) DATE OF EXP	IRY		III) PLACE OF ISSUE
22. a.) WERE YOU EVER	R REFUSED A PASSPOR	т?			☐ Yes ☐ No
b.) WAS YOUR PASSPO	RT EVER ORDERED TO	BE IMPOUNDED (	OR REVO	KED?	☐ Yes ☐ No
23. NAME AND COMPLETE	ADDRESSES OF TWO	RELATIVES / REFE	RENCES	N INDIA	
24. DECLARATION:			1		
I solemnly declare that:					
				of India. I have no	ot voluntarily acquired the citizenship of
(iii) In the event of a	cquiring Canadian or a				e not to use the Indian passport and to event of failing to do so, I will be liable fo
(iv) I hereby author		cluding the Depa	artment	of Citizenship, In	nmigration and Police in Canada or any and information that they may possess on r
behalf Concernin	g my Immigration/Cit	izenship status, se	ecurity c	learance etc. I un	derstand that this information will be used
(v) Information give aware that it is a		myself, my son/c Passport Act 1967	daughter 7 to knov	/ward is correct a vingly furnish fals	and nothing has been concealed and I am e information or suppress material
	entirely responsible for rnished by me in the for		/ son/da	ighter/ward, and	
Place:Date:				Cignate	ure or thumb improcesion of applicant
			(1	=	are or thumb impression of applicant ion of male and right thumb impression of femalo
F THE APPLICANT IS UNDER 18 Y BOTH PARENTS VALID PASSPORT HIS APPLICATION. BOTH PAREN PROVIDED AS PER THEIR PASSPO	T MUST BE ATTACHED WITS MUST SIGN IN THE SE	ITH Signature	(Father)		Signature (Mother):
MPORTANT: Please affix you Declaration of parent or lega L. I affirm that the particular	I guardian in case app s given above in respe	<b>lication is on beh</b> ect of	alf of a r	ninor:	son/daughter of Mr. ect to my knowledge hereof.
2. I undertake to be entirely r B. I solemnly declare that he/ espect of him/her in this app	esponsible for his/her she has not lost, surre	expenses.			nship of India and that the information given
TWO SPECIMEN SIGNATU (THUMB IMPRESSION, IN		NLY			

## PASSPORT PERSONAL PARTICULARS FORM

## Additional form to be filled for issue of a new passport/ renewal (in BLOCK CAPITAL letters only)

e of Father e of Mother e of Spouse of birth :/	: (7) Place of Birth: see No/Street: Village/Town:	
me, if yes, previous name: _ e of Father e of Mother e of Spouse of birth ://_	:	
e of Mother e of Spouse of birth :/	: (7) Place of Birth: see No/Street: Village/Town:	
e of Spouse of birth :/	: (7) Place of Birth: use No/Street: Village/Town:	
of birth :/	(7) Place of Birth: se No/Street: Village/Town:	
	se No/Street: Village/Town:	
anent address in India: Hou	Village/Town:	
	Post office:	
	Police Station:	
	Distt: State:	<del></del>
cant is a citizen of India by: _		
ils of Passport held:	(Birth/ Descent/ Registrat	ion/Naturalisation)
sport No.:	ii. Date of issue:	
ce of issue:	iv. Date of expiry:	
Date:		
		Signature or thumb impression of applicant ression of male and right thumb impression of femal
il S	s of Passport held:  port No.:  ce of issue:	port No.: ii. Date of issue:  ce of issue: iv. Date of expiry: Date:

THIS APPLICATION. BOTH PARENTS MUST SIGN IN THE SPACE

PROVIDED AS PER THEIR PASSPORTS.