

Embassy of India Caracas □ Venezuela Paste recent color photograph with half signature on the photograph and half on the application

Application for Miscellaneous Services on India Passports

Please read the instructions carefully before filling the form.									FILE NUMBER																	
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Name of applicant as appear in the Passport (Initials not allowed)																										
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name																				T						
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2. Father's	Full N	lame	/ Le	ga	l Gı	ıarc	lian	's F	ull 1	Nan	ne (incl	udiı	ıg s	urna	ıme	, if	any): (1	nit	ials	not	allo	owe	d)	
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3. Mother's Full Name (including surname, if any): (Initials not allowed)																										
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4. If married, Full Name of Spouse (including surname, if any). (Initials not allowed)																										
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6. Permanent Address with PIN code (if the permanent address is same as the present address write "Same" only)																										
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7. E-mail		ny:																								

Profo	rma for Emigration	n Check
1. Name:		
2. Profession:		
3. Present occupation if in Govt. Service	ce, designation whether ga	zetted:
4. Whether Income Tax payee if so, ev	idence thereof:	
5. Educational Qualifications:		
6. Destination and purpose of visit:		
7. Passport No.	Date of Issue	Place of Issue
For D	ependents and Hou	sewives
1. Name:		
2. Name of Father/Husband/Guardian:		
3. Profession of Father/Husband/Guard	lian:	
 Present occupation of Father/Husbar Gazaetted: 	nd/Guardian, if in Govt. Se	ervice, designation and whether
5. Whether Father/Husband/Guardian	Income Tax payee, if so, ev	vidence thereof
6. Educational Qualification of Father/	Husband/Guardian:	
7. Destination and purpose of visit:		
8. Passport No.	Date of Issue	Place of Issue
Place:		
Date:		
T		Signature of applicant

For Office Use

Proforma for Emigration Check	
1. Name:	
2. Profession:	
3. Present occupation if in Govt. Service, designation whether gazetted:	
4. Whether Income Tax payee if so, evidence thereof:	
5. Educational Qualifications:	
6. Destination and purpose of visit:	
7. Passport No. Date of Issue	Place of Issue
For Dependents and Housewives	
1. Name:	
2. Name of Father/Husband/Guardian:	
3. Profession of Father/Husband/Guardian:	
4. Present occupation of Father/Husband/Guardian, if in Govt. Service, designation Gazaetted:	and whether
5. Whether Father/Husband/Guardian Income Tax payee, if so, evidence thereof	
6. Educational Qualification of Father/Husband/Guardian:	
7. Destination and purpose of visit:	
8. Passport No. Date of Issue	Place of Issue
Place:	
Date:	
	Signature of applicant

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