

NOTE: PLEASE READ THE INSTRUCTIONS OVERLEAF CAREFULLY BEFORE FILLING IN THIS FORM. IT IS AN OFFENCE UNDER THE INDIAN PASSPORT ACT 1967 TO DELIBERATELY FURNISH FALSE INFORMATION OR SUPPRESS MATERIAL INFORMATION.

This form may be duplicated if required.

In use since 1st June, 1997



Applicant must paste one passport size photograph here with half the signature on the photograph and half on the application.

PLEASE ATTACH ONE PHOTOGRAPH

CONSULATE GENERAL OF INDIA, 3 EAST 64th ST. (Bet. Madison and Fifth Ave.) NEW YORK, N.Y. 10021
Tel. (212) 774-0600 • Fax (212) 570-9581

APPLICATION FOR MISCELLANEOUS SERVICES

For use of (a) Child inclusion/deletion (b) Registration of Child (c) Change of Name/Address (d) Police Clearance Certificate (e) Life/Birth/Marriage Certificate (f) Emigration Waiver (g) Any other service (specify) _____

PAYMENT OF FEE (To be filled in by the applicant) Fee \$: _____ Emergency Fee \$ _____ Postal Charges \$ _____

Mode of payment: Cash / Certified check / Money Order

1. Full Name: _____
 (First) _____ (Middle) _____ (Last) _____
2. a) Applicant's Drivers License No. _____ Date & Place of Issue _____
 b) I.D. No. _____ Date & Place of Issue _____
3. Permanent Address in India _____ Tel _____
4. Permanent Address in U.S.A. _____ Tel _____
5. Profession & Business Address _____ Tel _____
6. Place of Birth _____ Date of Birth _____
 (Day) (Month) (Year)
7. Current Passport No. _____ Place of Issue _____
 Date of Issue _____ Valid Until _____
8. Full Name of Father _____ (b) Full Name of Mother _____
9. Name & Nationality of Spouse _____
10. Is applicant registered with Consulate General? If not, is he a member of any Indian Organization? Give details _____

TYPE OF SERVICE(S) REQUIRED; PLEASE CHECK RELEVANT SECTION(S);

(A) Kindly register the following child/children's name(s) and issue Birth Certificate(s) to them as Indian citizens. (Fee \$21.00 per certificate)

Child's Name Date & Place of Birth Sex (M/F)

NOTE: Consent in the form of an affidavit (duly notarised) from both parents is required for addition/deletion of child's name. Submit passports of both the parents and original birth certificate. Also photocopy of the birth certificate and photocopies of first five pages of the passports are necessary.

(B) Kindly enter/delete my child/children's name(s) in/from my passport. (Fee: \$8.00 per endorsement of deletions or additions.) Particulars of Child/Children to be included/deleted/Registered (for Registration please fill Registration form and pay additional \$21.00)

Child's Name Date & Place of Birth Sex (M/F)

(C) Kindly change my name from _____ **(Please see para 9 of instructions)**
To _____ **(Fee: \$8.00)**
Reason _____ **(Please see para 10 of instructions)**

(D) Kindly change my permanent address as recorded in the Passport _____

(a) Address as in Passport _____

(b) New permanent Address _____ **(Fee: \$8.00)**

- (E) Kindly issue me**
- | | |
|--|--|
| (1) Emigration Clearance Waiver (Fee \$8.00) | (2) Birth Certificate (Fee \$11.00) |
| i.e. Emigration Clearance not Required (ECNR) | |
| (Please attach photocopy of University Degree or Green Card/Resident Card) | (4) Marriage Certificate (Fee \$11.00) |
| (3) Police Clearance Certificate (Fee \$11.00) | (Please attach passports of both husband and wife) |
| (Issued only on clearance from authorities in India) | |
| (5) Life Certificate (Fee \$11.00) | |
| (6) Nationality Certificate (Fee \$11.00) | (7) Non Availability Certificate (\$11.00) |

PLEASE SEND YOUR PASSPORT(S) WITH APPLICATION FOR ANY OF THE ABOVE SERVICES & GIVE REASONS FOR REQUESTING THE CERTIFICATES/SERVICES.

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 to knowingly furnish false information or suppress material information.
- iii) I, hereby, declare that I have not lost or surrendered my Indian Citizenship since the Passport referred to at (7) above was issued to me. I further declare that I have no other Passport in my possession.
- iv) I undertake to be entirely responsible for expenses of my son/daughter/ward.

Place NEW YORK

Date _____

Signature of applicant or Thumb Impression of his legal guardian
 (Left Thumb impression of male and right hand thumb Impression of Female)

NOTE: Incomplete application will not be accepted