

Receipt No.
Date

FORM No. 2  
FREE OF CHARGE

PHOTOCOPY OF THIS FORM MAY BE USED

**APPLICATION FORM FOR MISCELLANEOUS SERVICES**  
**ON INDIAN PASSPORTS**

- (a) **Additional Endorsement** : Change of Address /Signature; Addition/Deletion of Spouse Name & other Miscellaneous Services on the Passport (b) **Emigration Clearance waiver**  
(c) **Attestation of Documents** (d) **Affidavit** (e) **Any Other Service** (Specify)

(Please strike out inapplicable items)



Specimen signature  
of the Applicant

Payment of fee (to be filled by applicant)  
Amount paid SDG \_\_\_\_\_ by Cash

**1. Full Name (Expanded initials – BLOCK LETTERS)**

- (i) Applicant : .....
- (ii) Father : .....
- (iii) Mother : .....
- (iv) Spouse : .....

2. **Present Address** : .....  
**& Contact Tel No.** : .....

3. **Permanent Address** : .....  
**in India & Contact No.** : .....

**4. Details of Passport:**

- (i) Passport No : .....
- (ii) Date of Issue : .....
- (iii) Place of Issue : .....
- (iv) Valid upto : .....
- (v) Whether the passport contains valid visas? : .....

**5. Information required under Section 10(3) of the Passport Act, 1967**

- (i) Are any criminal proceedings pending against applicant in any court in India? If so, please give details .....
- (ii) Has applicant ever been repatriated to India at the expense of the Govt. of India? If so, please give details .....

**6. DECLARATION OF APPLICANT :**

I solemnly affirm that :

- (i) I owe allegiance to the sovereignty, unity & integrity of India and have not voluntarily acquired the citizenship or travel document of another country.
- (ii) I have not lost, surrendered or been deprived of citizenship of India.
- (iii) The information given by me in this form is true and I am solely responsible for its accuracy. I am aware that it is an offence under the Passport Act 1967 to furnish any false information or to suppress any material information with a view to obtaining passport or any other travel document.

Signature or Thumb Impression of applicant  
(Left Hand thumb if male and Right Hand thumb if female)

Date \_\_\_\_\_ Place \_\_\_\_\_

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For Office Use