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| APPLICATION FORM **NO.2**FOR MISCELLANEOUS SERVICES  | emblem-of-india**CONSULATE GENERAL OF INDIA****MILAN (ITALY)****Phone No.02-8057691****Piazza Paolo Ferrari, 8, 20121, Milan****e-mail: cons@consolatoindia.in****Website: www.cgimilan.in** | Please paste your unsigned recently taken (not more than 6 months old) colour photograph. |
|  **Signature or Thumb impression** |  |
| **Please fill the columns in CAPITAL LETTERS ONLY in Blue/Black ball point pen only. Please leave a blant column in between two words (Caution: Please furnish correct information. Furnishing of incorrect information would attract penal provisions as prescribed under the Passports Act, 1967). Please produce your original documents at the time of submission of the form.** |
| **SERVICE REQUIRED FOR…………………………………………………………………………………………………………** |

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| 1. | Name of the applicant as it should appear in the Passport (Initials not allowed) |

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| a) | **SURNAME** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| b) | **Given Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2 | In case of change of name/surname (after marriage or otherwise , with documentary proof), please indicate the previous name/surname in full |
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| 3 | **SEX** |  | **Male** |  |  | **Female** |  |  | **Others** |  |  |  |  |  |  |  |  |  |  |  |
| 4 | **Date of Birth** |  | **DD** |  |  | **Month** |  |  | **YEAR** |  |  |  |  | **(with documentary proof)** |

Date of Birth in words : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. Place & State of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Full Name of Father/Legal Guardian (as given in passport) – INITIALS NOT ALLOWED

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7. Full Name of Mother (as given in passport) - INITIALS NOT ALLOWED

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8. Full Name of husband/wife (as given in passport), if married - INITIALS NOT ALLOWED

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8. If divorced/widow/widower, please indicate the category with documentary proof

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9. Current Residential Address (where you are staying presently) – Please given full address :

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Mobile No. Telephone No.

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| E-mail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

10. How long you have been staying at the above address ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Permanent address with PIN Code (if the permanent address, as given in the passport is different from the latest passport, please attach documentary proof)

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12. Details of latest held/existing Passport(s)

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| (i) | Passport No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| (ii) | Date of Issue |  |  |  |  |  |  |  |  |  |  |  |

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| (iii) | Date of Expiry |  |  |  |  |  |  |  |  |  |  |  |

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| (iv) | Place of Issue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 12. | Whether the passport contains valid visa ? |  |  |  |  | Y E S |  | N O |

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| 13. Information required under Section 10(3) of the Passports Act, 1967 –  Are any criminal proceedings pending against the applicant before a Court in India ? If answer to above is YES, furnish details in a separate sheet | Y E S |  | N O |
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 (v) In case passport was applied for and not issued, please give File No. & Date ………………………………………………

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| 11(a) | Has your passport(s) ever been lost/damaged (if YES, attach FIR and give details |  |  |  |  | Y E S |  | N O |

**DELCARATION**

 I owe allegiance to the sovereignty, unity and integrity of India, and have not voluntarily acquired citizenship or travel documents of any other country. I have not lost, surrendered or been deprived or citizenship of India. The information given by me in this form and enclosures is true and correct and I am solely responsible for its accuracy. I am aware that it is an offence under the Passports Act, 1967 to furnish any false information or to suppress any material information with a view to obtaining a passport or any other travel document. I further declare that I have no other passport/travel document in my possession.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature or Thumb impression of Applicant

Please produce the original Passport.

Please attach copies of :

(i) relevant pages of the passport, including the page where Resident Permit is stamped,

(ii) documentary proof with regard to change of name/surname-after marriage/endorsement of spouse’s name/change of address or any other change.

(iii) One photograph should be pasted on the column provided.