

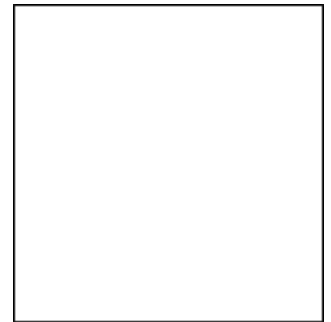
EMBASSY OF INDIA
OUAGADOUGOU

EAP II

**APPLICATION FORM FOR MISCELLANEOUS SERVICES
ON AN INDIAN PASSPORT**

(Photocopy of this form is acceptable)

(a) Extension of validity of the Short Validity Passports (b) Change of Address (Observation) (c) PCC (d) Birth Certificate on the basis of passport particulars (e) Additional Endorsement like inclusion of spouse name (f) Any Other Service – specify. (Please strike off whichever is not applicable)



Amount of fee (paid in cash): FCFA_____ (to be filled in by applicant)

1. Full Name: _____ Sex: Male / Female

2. Applicant's Car Driving License No./Labour Card(Pataka) No./Health Card no./
Identity Card No. _____ Date & Place of issue

3. Residential Address:

(i) In India

(ii) In country of domicile

Tel./Tlx./Fax/E-Mail _____

Tel./Tlx./Fax/E-Mail _____

4. Professional and Business Address: _____

_____ Tel./Tlx./Fax/E-Mail _____

4(a) Whether applied for P.C.C from Embassy of India, Ouagadougou earlier? Yes/No.

Please give complete physical location and not just the P.O. Box No. Please indicate Flat/Apartment/Villa no. No/Name of building, No/Name of the Street, Area/Zone,

important landmark to help identify the building etc and telephone/telex/fax no. and e-mail address, if any.

5. Is applicant registered with this Embassy of India? If not, is he/she a member of any Indian Organization/Association? Give details

6. Name of Father _____

7. Name of Mother _____

8. Name of spouse & Nationality _____

9. Current Passport No. _____

Valid up to _____ Place of Issue _____

Date of Issue _____

10. Particulars of children to be deleted:

Name	Place & Date of Birth	Sex (M/F)
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11. 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 and the rules made thereunder to knowingly furnish wrong/incorrect information or suppress material information; and
- (iii) I undertake to be entire responsible for expenses of my son/daughter/ward

Signature of applicant or thumb impression of his/her legal guardian
(left-hand thumb if male & right-hand thumb if female)

Place _____

Date _____