

File Number (For Office Use Only)

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GOVERNMENT OF INDIA, MINISTRY OF EXTERNAL AFFAIRS

## PASSPORT APPLICATION FORM

Please read the Passport Instruction Booklet carefully before filling the form. Fill this form in CAPITAL LETTERS using blue/black ink ball point pen only. Furnishing of incorrect information/ suppression of information would lead to rejection of the application and 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

Application Reference Number 21-0008569602  
 Applying For REISSUE  
 If Re-issue, specify reason(s) CHANGE IN EXISTING PERSONAL PARTICULARS  
 If change in existing personal particulars, specify ADDRESS  
 Type of Application NORMAL  
 Type of Passport Booklet NORMAL



## Applicant Details

Applicant's Name VANDANA  
 Date of Birth (DD/MM/YYYY) 06/10/1987  
 Validity Required NA  
 Place of Birth (Village/Town/City) DELHI  
 District SHAHDARA  
 State/UT DELHI  
 Region/Country INDIA  
 Gender FEMALE  
 Marital Status MARRIED  
 Citizenship of India by BIRTH  
 PAN AIHPV4234C  
 Voter Id NBJ1895754  
 Employment Type GOVERNMENT  
 Organisation name HIGH COURT OF JUDICATURE ALLAHABAD  
 Is either of your parent (in case of minor)/spouse, a government servant? Y  
 Educational Qualification GRADUATE AND ABOVE  
 Are you eligible for Non-ECR category? Y  
 Visible Distinguishing Mark CUT MARK ON LEFT EYE UNDER EYEBROW

*Vandana*

Signature/Left Hand Thumb Impression of Illiterate Applicant and Minors who cannot sign.

Aadhaar Number 236333792773

**Family Details**

Father's Name MADAN LAL  
Mother's Name MADHU BALA  
Spouse's Name DEEPAK KUMAR

**Present Residential Address Details**

Address FLAT NO. 214, SECOND FLOOR, BLOCK-D,OMICRON-01,  
GREATER NOIDA, GAUTAM BUDH NAGAR, UTTAR  
PRADESH  
PIN 201310  
Police Station DADRI  
Mobile/Tel No. 9910009851  
E-mail VANDANAVANDANA2014@GMAIL.COM

**Permanent Residential Address**

Address FLAT NO. 214, SECOND FLOOR, BLOCK-D,OMICRON-01,  
GREATER NOIDA, GAUTAM BUDH NAGAR, UTTAR  
PRADESH  
PIN 201310  
Police Station DADRI  
Mobile/Tel No. 9910009851

**Emergency Contact Details**

Name and Address DEEPAK KUMAR, FLAT NO. 214, SECOND FLOOR, BLOCK-D,  
OMICRON-01, GREATER NOIDA, GAUTAM BUDDHA NAGAR,  
U.P.  
Mobile/Tel No. 9810012046  
E-mail DEEPAKKAPOOR2007@YAHOO.CO.IN

**Previous Passport****Details of latest held/existing/lost/damaged Ordinary Passport**

Passport Number M3191797  
Date of Issue 25/11/2014  
Date of Expiry 24/11/2024  
Place of Issue DELHI  
File Number DL1078232504814

**Other Details**

**Fee Details (Not to be filled by applicants submitting the application at Passport Seva Kendra/Passport Office)**

Fee amount in (Rs)

**If paid by Demand Draft(DD), provide the following details**

DD Issue Date (dd/mm/yyyy)

DD Expiry Date (dd/mm/yyyy)

Bank Name

Branch

**Enclosures**

1 Aadhaar Card/E-Aadhaar

2.Aadhaar Card (Address Proof)

3.Identity Certificate in original as per Annexure A

Self Declaration

I owe allegiance to the sovereignty, unity & integrity of India, and have not voluntarily acquired citizenship or travel document of any other country. I have not lost, surrendered or been deprived of the citizenship of India. I have not contravened any of the conditions relating to the possession and use of an Indian passport.

I affirm that the information and particulars given by me in this form are true and correct. I further state that I am not suppressing any material information in this regard. I further affirm that the enclosures and documentary proof submitted in support of my application for an Indian passport are authentic and solely pertain to me and I am fully responsible for the accuracy of the same. I am liable to be penalized or prosecuted if found otherwise. I am aware that under the Passports Act, 1967 it is a criminal offence to furnish any false information or to suppress any material information with a view to obtaining passport or travel document.

I have read and understood the contents of the above and by submitting this form certify that all the information submitted by me in the form is bonafide.

Place	MUZAFFARNAGAR	Signature/Left Hand Thumb Impression of Applicant (If applicant is minor, either parent to sign)
Date	20/09/2021	

