



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 24-0010026144
 Applying For REISSUE
 If Re-issue, specify reason(s) VALIDITY EXPIRED MORE THAN 3 YEARS AGO
 Type of Application NORMAL
 Type of Passport Booklet JUMBO

Applicant Details

Applicant's Name SHIKHAR PANDYA
 Date of Birth (DD/MM/YYYY) 07/10/2003
 Validity Required NA
 Place of Birth (Village/Town/City) JAMSHEDPUR
 District EAST SINGHBHUM
 State/UT JHARKHAND
 Region/Country INDIA
 Gender MALE
 Marital Status SINGLE
 Citizenship of India by BIRTH
 PAN EIEPP4392A
 Voter Id JVN8176810
 Employment Type STUDENT
 Is either of your parent (in case of minor)/spouse, a government servant? N
 Educational Qualification GRADUATE AND ABOVE
 Are you eligible for Non-ECR category? Y
 Visible Distinguishing Mark SCAR BESIDE LEFT AND RIGHT EYE
 Aadhaar Number 359912217034

Please paste your
unsigned recent color
photograph of size
4.5cm * 3.5cm.

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

Family Details

Father's Name

NIRMAL PANDYA

Mother's Name

NEHAL PANDYA

Present Residential Address Details

Address

ROAD 5 EXT, G1 SRIJAN TOWER, OLD SONARI,
JAMSHEDPUR, EAST SINGHBHUM, JHARKHAND

PIN

831011

Police Station

SONARI

Mobile/Tel No.

9709840340

E-mail

SHIKHARPANDYA007@GMAIL.COM

Permanent Residential Address

Address

ROAD 5 EXT, G1 SRIJAN TOWER, OLD SONARI,
JAMSHEDPUR, EAST SINGHBHUM, JHARKHAND

PIN

831011

Police Station

SONARI

Mobile/Tel No.

9709840340

Emergency Contact Details

Name and Address

SHIKHAR PANDYA , ADDRESS:FLAT NO-G-1, 7TH FLOOR,
SRIJAN TOWER ROAD NO-5, EXTENTION, OLD SONARI
JAMSHEDPUR

Mobile/Tel No.

9709840340

E-mail

SHIKHARPANDYA007@GMAIL.COM

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

Passport Number

J2806739

Date of Issue

18/02/2011

Date of Expiry

17/02/2016

Place of Issue

RANCHI

File Number

RCHM00026811

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.Birth certificate issued by the Registrar of Births and Deaths or the Municipal Corporation or any other prescribed authority whosoever has been empowered under the Registration of Birth and Deaths Act, 1969 to register the birth of a child born in India

2.Aadhaar Card (Address Proof)

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	JAMSHEDPUR	Signature/Left Hand Thumb Impression of Applicant (If applicant is minor, either parent to sign)
Date	08/06/2024	

