## EMBASSY OF INDIA, ABU DHABI / CONSULATE GENERAL OF INDIA, DUBAI UAE

## APPLICATION FORM FOR MISCELLANEOUS SE RVICES ON AN INDIAN PASSPORT

| (a) Extension of Validity (b) Change of Address (c) PCC (A) Any other Service (Specify) (Please delete inapplicable NRI CERTIFICATE (FOR E | ole)                                  |
|--|---------------------------------------|
|  | 3 passport size photographs           |
| Amount of fac (mold in mol) A FID (TIAT Division)  |                                       |
| Amount of fee (paid in cash): AED (UAE Dhirams)  |                                       |
| 1. Full Name HIMANSHU VASUDEO  | GOLE Sex (Tick Mark): Male / Female   |
| 2. Applicant's Car Driving License No./Labour Card (F  | Pataka) No/Health Card No./           |
| Identity Card No. 784-1971-58543   | 306-2                                 |
| Date & Place of Issue 17/04/2018, A  |                                       |
| 3. Residential Address*:  (i) In India   | (ii) In country of domicile           |
| 8, JEEVAN BLOG, PENDSERD.  | 1306, AL SIRI TOWER                   |
| GOREGAON (E) MUMBAI  | SECTOR E9-02, Abu Dhabi               |
| M.S. 4000 (3.  | P.O. 33473 U.A.E                      |
| Tel./Tlx./Fax/E-Mail +919403822538   | Tel./Tlx./Fax/E-Mail +971 50 614 2235 |
| 4. Profession and business address* SACES MANA   | HER, ABB TRANSMISSION POIST           |
| P.O. 33473 Abu Dhabi UAE   |                                       |
|  | 1971 2 493 8000                       |

| Is applicant registered with the Embassy of India Abu Dhabi/Consulate General in Dubai? If not, is he a member of any Indian Organisation/Association? Give details?   |
|--|
| Name of Father Mr. VASUDEO MADHUSUDAN GOLE   |
| Name of Mother MVS NILA VASUDEO GOLE   |
| Name of Spouse & Nationality Mrs. BELA GOLE, INDIAN  |
| Current Passport No. <u>Z-2358681</u> Valid upto <u>24/06/2022</u>   |
| Place of issue Abu Dhabi Date of issue 25/16/2012  |
| Particulars of children to be deleted :  Name Place & Date of Birth Sex (M/F)  |
|  |
| DECLARATION:   |
| plemnly affirm that :  |
| I owe allegiance to the sovereignty and integrity of India   |
| Information given above is correct and nothing has been concealed and I am aware that it is an offence under Passport Act 1967 and the rules made there under to knowingly furnish wrong/incorrect information or suppress material information; and |
| I undertake to be entirely responsible for expenses of my son/daughter/ward  Signature of applicant or T.I of his legal Guardian (Left hand thumb impression of Male & right hand thumb impression of female)  |
| Place Abu Dhabi Date 28/05/2018  |
| Two specimen signatures or thumb impressions required for service/for issue of additional booklet within the space given below   |
|  |
|  |

## EMBASSY OF INDIA ABU DHABI

## PERSONAL PARTICULARS FORM

Fax no. 00971-2-4447768, Email: cons@indembassyuae.org

Paste your cross signed recent colour photograph. Size 51\*51mm

| 1. Full Name (Initials not allowed)MY.  | HIMANSHU VASUDED GOLE  |  |
|---|--|--|
| 2. Sex: Male/Female/others  | E  |  |
| (a) Has the applicant ever changed nar  |  |  |
| (h) If yes previous name N  | <b>%</b> =   |  |
| 4. Date of Birth 07/05/1971 5   | Place of Birth BOMBAY (MUMBAL)                                       |  |
| 6. Profession MANAGER -   | SM ES  |  |
| - Mx VACUI  | DEO MADHUSUDAN GOLE  |  |
| 7. (a) Fathers Name   | MACHORO GOLE   |  |
| (b) Mother Name   | VA SUDEO GOLE  |  |
| (c) Spouse Name Mm. BELr  |  |  |
| 8. (a) Permanent Address & Tel. No.   | (b) Present Residential Address & Tel No,                            |  |
|   |  |  |
| along with Police Station   | and residing since   |  |
| CORECTANCES WANTED IN   | E) MUMBA -   |  |
| GOREGAON (E) , VANEM POU  | 71414  |  |
| 7.5   | dress given at Column 8 (b) continuously for the last one year,      |  |
| Please furnish other address (es) with d  | uration(s) resided (Please furnish an additional set of PP Forms for |  |
| each address with Police Station  |  |  |
| From To To  | To   |  |
|   |  |  |
| ***************************************   | ,  |  |
| 10. References: Names and addresses of two responsible persons in the applicant's locality in India who can |  |  |
| vouch for the applicant.  |  |  |
| (1) Name, Address & Tel. No.  | (2) Name, Address & Tel. No.   |  |
| ***************************************   |  |  |
|   |  |  |
| 11. Citizenship of India by: Birth De   | escent Registration Naturalization                                   |  |
| 12. Furnish details of previous Passport /travel document, if any:  |  |  |
| (i) Passport/Travel document No   | (ii) Date & Place of Issue   |  |
|   |  |  |
|   | - 1 A. 12 .  |  |
|   | Juli _   |  |
| For Police Use Only   | o A  |  |
| Recommended Passport: YES/NO  | Signature or Thumb Impression of the applicant                       |  |
| Neconine naca i assporti i asyris   | (Left Hand T. I. if male and Right Hand T. I. if female)             |  |
|   |  |  |
| ***************************************   |  |  |
| MARKS:- The details of the above passport   | t are not available in PRIDE. You are requested to verify the above  |  |
| -   | the second within 20   |  |

<u>REMARKS:-</u> The details of the above passport are not available in PRIDE. You are requested to verify the above particulars and confirm by return fax/email with your no-objection or otherwise. If no reply is received within 30 days, it will be assumed that your office does not have any objection to rendering normal passport services to the applicant, and the service(s) applied for by the applicant will be rendered.