



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 23-0008244442

Applying For REISSUE

If Re-issue, specify reason(s) VALIDITY EXPIRED WITHIN 3 YEARS/DUE TO EXPIRE.

Type of Application NORMAL

Type of Passport Booklet NORMAL

## Applicant Details

Applicant's Name SAURABH SUBHASH BHOSALE

Date of Birth (DD/MM/YYYY) 11/08/1990

Validity Required NA

Place of Birth (Village/Town/City) KALWA

District THANE CITY

State/UT MAHARASHTRA

Region/Country INDIA

Gender MALE

Marital Status MARRIED

Citizenship of India by BIRTH

PAN BNTPB1390P

Employment Type PRIVATE

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

Aadhaar Number 808269362384

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 SUBHASH ATMARAM BHOSALE

Mother's Name SAUDAMINI SUBHASH BHOSALE

Spouse's Name ANKITA SAURABH BHOSALE

## Present Residential Address Details

Address B208, TIRUPATI ASHISH CHS, NR AMBER HOTEL, SHAHAD-W,

KALYAN, THANE CITY, MAHARASHTRA

PIN 421103  
Police Station KHADAKPADA  
Mobile/Tel No. 9004351768  
E-mail B.SAURABH691@GMAIL.COM

**Permanent Residential Address**

Address B208,TIRUPATI ASHISH CHS,NR AMBER HOTEL,SHAHAD-W,  
KALYAN, THANE CITY, MAHARASHTRA  
PIN 421103  
Police Station KHADAKPADA  
Mobile/Tel No. 9004351768

**Emergency Contact Details**

Name and Address SARVESH SUBHASH BHOSALE  
Mobile/Tel No. 9987204230  
E-mail 10SARVESH@GMAIL.COM

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

Passport Number L1774957  
Date of Issue 21/05/2013  
Date of Expiry 20/05/2023  
Place of Issue THANE  
File Number TH2060831433213

**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

KALYAN

Date

04/05/2023

Signature/Left Hand Thumb Impression of  
Applicant (If applicant is minor, either parent  
to sign)

