## Ministry of External Affairs, Government of India 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 \_

25-1052927039

Number

Applying For \_ FRESH

Type of Application \_ NORMAL

Type of Passport \_ NORMAL

**Booklet** 

NORIVIA

## **Applicant Details**

Applicant's Name \_ VAMSI MANGALA

Date of Birth \_ 20/04/2008

(DD/MM/YYYY)

Validity Required \_ 10 Years

Place Of Birth \_ ANANTAPUR

(Village/Town/City)

District - ANANTHAPURAMU
State/UT - ANDHRA PRADESH

Region/Country - INDIA
Gender - MALE
Marital Status - SINGLE
Citizenship of India by - BIRTH

Is either of your parent \_ Y

(in case of

minor)/spouse, a government servant?

**Employment Type** 

Educational \_ 10TH PASS AND ABOVE

Qualification

Are you eligible for \_ Y

Non-ECR category

Visible Distinguishing \_ ON THE RIGHT HAND RING FINGER

**STUDENT** 

Mark

Aadhaar Number **\_** 569614750563

## **Family Details**

Father Name \_ MADHU KAMESWAR MANGALA

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. Mother Name \_ MANASA MANGALA

#### **Present Residential Address Details:**

Address \_ 13-2-490 , RAMACHANDRA NAGAR, ANANTAPUR, ANANTHAPURAMU,

ANDHRA PRADESH

Pin \_ 515001

Police Station \_ ANANTAPUR 3 TOWN

Mobile/Tel No **\_** 6301442500

Email V11587416@GMAIL.COM

#### **Permanent Residential Address Details**

Address \_ 13-2-490 , RAMACHANDRA NAGAR, ANANTAPUR, ANANTHAPURAMU,

ANDHRA PRADESH

Pin **-** 515001

Police Station \_ ANANTAPUR 3 TOWN

Mobile/Tel No **-** 6301442500

## **EmergencyContactDetails:**

Name and Address - VAMSI MANGALA AND 13-2-490, RAMACHANDRA NAGAR, ANANTAPUR,

515001

Mobile/Tel No. \_ 6301442500

E-mail V11587416@GMAIL.COM

## **Previous Passport**

#### **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 (Address Proof)2. Birth certificate issued by the Registrar of Births and Deaths or the Municipal Corporation or any other authority, empowered under the Registration of Births and Deaths Act, 1969 (18 of 1969)
- 3. A declaration affirming the particular furnished in the application about the minor as per AnnexureD

#### 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	_ ANANTAPUR	Signature/Left Hand Thumb Impression	
Date	_ 30/05/2025	of Applicant (If applicant is minor, either parent to sign)	