# 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 - 25-1061812262

Number

Applying For - FRESH
Type of Application - NORMAL
Type of Passport - JUMBO

**Booklet** 

**Applicant Details** 

Applicant's Name – AIMEN LIYAKATH

Date of Birth – 18/03/2003

Date of Birth (DD/MM/YYYY)

Validity Required - NA

Place Of Birth - PERINTHALMANNA

(Village/Town/City)

District – DUMMY MALAPPURAM

State/UT - KERALA
Region/Country - INDIA
Gender - MALE
Marital Status - SINGLE

Employment Type - SELF EMPLOYED

Is either of your parent\_

Citizenship of India by -

(in case of

minor)/spouse, a government servant?

Educational - GRADUATE AND ABOVE

Qualification

Are you eligible for - N

Non-ECR category

Visible Distinguishing - BACK MOLE ON LEFT SIDE CHEEK

**BIRTH** 

Mark

Aadhaar Number **–** 970901862830

**Family Details** 

Father Name – LIYAKATHALI ABDUL RAZAK
Mother Name – LYLA PUNNAKKATTU KUZHIYIL

**Present Residential Address Details:** 

Address – PUTHANPARAMBIL HOUSE, KARUVARAKUNDU, MALAPPURAM,

KERALA

Pin **-** 676523

Police Station - KARUVARAKKUNDU

Mobile/Tel No **–** 9072252657

Email - AIMENZ615@GMAIL.COM

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.

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

Address – PUTHANPARAMBIL HOUSE, KARUVARAKUNDU, MALAPPURAM,

KERALA

Pin **-** 676523

Police Station - KARUVARAKKUNDU

Mobile/Tel No **–** 9072252657

### **EmergencyContactDetails:**

Name and Address - LYLA PUNNAKKATTU KUZHIYIL HOUSE

Mobile/Tel No. **–** 9846963195

# **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)

#### **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	- KARUVARAKUNDU	Signature/Left Hand Thumb	
Date	<b>-</b> 21/09/2025	Impression of Applicant (If applicant is minor, either parent to sign)	