



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 21-1008639497

Applying For FRESH

Type of Application NORMAL

Type of Passport Booklet NORMAL

## Applicant Details

Applicant's Name CHANDANA SAI MUNAGAPATI

Date of Birth (DD/MM/YYYY) 18/09/1999

Validity Required NA

Place of Birth (Village/Town/City) KADAPA

District YSR DISTRICT

State/UT ANDHRA PRADESH

Region/Country INDIA

Gender FEMALE

Marital Status SINGLE

Citizenship of India by BIRTH

PAN CFNPC9544P

Employment Type NOT EMPLOYED

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 MOLE ON THE LEFT LOWER ARM

Aadhaar Number 286103697756

## Family Details

Father's Name SRINIVASULU MUNAGAPATI

Mother's Name JYOTHI MUNAGAPATI

Legal Guardian's Name AMRUTHA RAMAIAH AVVARU

## Present Residential Address Details

Address HOUSE NO:1/2409 LIGH 99,RAJEEV PARK ,APHB COLONY,  
KADAPA, YSR DISTRICT, ANDHRA PRADESH

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.

PIN	516004
Police Station	CHINNA CHOWK
Mobile/Tel No.	9553538453
E-mail	CHANDANASAIMUNAGAPATI@GMAIL.COM

**Permanent Residential Address**

Address	HOUSE NO:1/2409 LIGH 99,RAJEEV PARK ,APHB COLONY, KADAPA, YSR DISTRICT, ANDHRA PRADESH
PIN	516004
Police Station	CHINNA CHOWK
Mobile/Tel No.	9553538453

**Emergency Contact Details**

Name and Address	AVVARU AMRUTHA RAMAIAH
Mobile/Tel No.	9440028060
E-mail	AMRUTHARAMAIAH@GMAIL.COM

**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/E-Aadhaar

2.Ration Cards

**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	KADAPA	Signature/Left Hand Thumb Impression of Applicant (If applicant is minor, either parent to sign)
Date	03/12/2021	