

## 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 <u>23-1012790983</u>

Applying For FRESH

Type of Application NORMAL

Type of Passport Booklet NORMAL

**Applicant Details** 

Applicant's Name GOPINATH MARIKANTI

Date of Birth (DD/MM/YYYY) 16/08/2002

Validity Required NA

Place of Birth (Village/Town/City)

BANAPURAM

District KHAMMAM

State/UT TELANGANA

Region/Country INDIA

Gender MALE

Marital Status SINGLE

Citizenship of India by BIRTH

PAN GXGPM9385D

Employment Type STUDENT

Is either of your parent (in case of

minor)/spouse, a government servant?

Educational Qualification GRADUATE AND ABOVE

Are you eligible for Non-ECR category? Y

Aadhaar Number 314218577616

**Family Details** 

Father's Name NAGESWARA RAO MARIKANTI

Mother's Name SUJATHA MARIKANTI

**Present Residential Address Details** 

Address 1-11-6, BANAPURAM, KHAMMAM, TELANGANA

PIN 507169

Police Station MUDIGONDA

Mobile/Tel No. 9110370451

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.

12/1/23, 12:11 PM View/Print Submitted Form

E-mail GOPINATH7311@GMAIL.COM

**Permanent Residential Address** 

Address 1-11-6, BANAPURAM, KHAMMAM, TELANGANA

PIN 507169

Police Station MUDIGONDA

Mobile/Tel No. 9110370451

**Emergency Contact Details** 

Name and Address

MARIKANTI SRINIVASA

RAO,BANAPURAM(V),MUDIGONDA(M),KHAMMAM(D)

Mobile/Tel No. 9704451913

Other Details

**Payment Details** 

Mode of Payment UPI

Date 01/12/2023

Receipt/Reference No. CPADHOLIS5

Amount Received (Rs.) 1500.00 (ONE THOUSAND FIVE HUNDRED ONLY)

**Enclosures** 

1.Aadhaar Card/E-Aadhaar

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	KHAMMAM	Signature/Left Hand Thumb Impression of Applicant (If applicant is minor, either parent	
Date	15/10/2023	to sign)	