

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 - 25-1052175680
Number
Applying For - REISSUE
If Re-issue, specify - VALIDITY EXPIRED WITHIN 3 YEARS/DUE TO
reason(s) EXPIRE.
Type of Application - NORMAL
Type of Passport - NORMAL
Booklet

Please paste your
unsigned recent
color photograph
of size 4.5cm *
3.5cm.

Applicant Details

Applicant's Name - VENKATA PAVAN SAI KIRAN AMIREDDI
Date of Birth - 25/06/1994
(DD/MM/YYYY)
Validity Required - NA
Place Of Birth - KAKINADA
(Village/Town/City)
District - KAKINADA
State/UT - ANDHRA PRADESH
Region/Country - INDIA
Gender - MALE
Marital Status - SINGLE
Citizenship of India by - BIRTH
PAN - BSCPA7118J
Voter ID - UON1496877
Employment Type - PRIVATE
Is either of your parent - N
(in case of
minor)/spouse, a
government servant?
Educational - GRADUATE AND ABOVE
Qualification
Are you eligible for - Y
Non-ECR category
Visible Distinguishing - MOLE ON RIGHT LEG
Mark
Aadhaar Number - 266183245486

Signature/Left Hand Thumb
Impression of Illiterate Applicant and
Minors who cannot sign.

Family Details

Father Name - SRI RAM AMMIREDDI

Mother Name - ATCHUTA AMMIREDDI

Present Residential Address Details:

Address - 59-13-15 , KOSSAYYA STREET , JAGANAICKPUR, KAKINADA, KAKINADA, ANDHRA PRADESH
Pin - 533002
Police Station - I TOWN L AND O KAKINADA
Mobile/Tel No - 9640993300 / 9640993300
Email - SAIKIRANAMMIREDDY@GMAIL.COM

Permanent Residential Address Details

Address - 59-13-15 , KOSSAYYA STREET , JAGANAICKPUR, KAKINADA, KAKINADA, ANDHRA PRADESH
Pin - 533002
Police Station - I TOWN L AND O KAKINADA
Mobile/Tel No - 9640993300 / 9640993300

EmergencyContactDetails:

Name and Address - SRIRAM, 27/5/21/A1, BUDDAVARAPU VARI STREET, KAKINADA
Mobile/Tel No. - 9010404867

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

Passport Number - M7618943
Date of Issue - 30/03/2015
Date of Expiry - 29/03/2025
Place of Issue - VISAKHAPATNAM
File Number - VS1068380521315

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. Election Photo Identity Card issued by the Election Commission of India containing the date of birth of the applicant

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 - KAKINADA

Date - 21/05/2025

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

