

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 22-1003358927

Applying For REISSUE

**VALIDITY EXPIRED WITHIN 3** If Re-issue, specify reason(s)

YEARS/DUE TO EXPIRE.

Type of Application **TATKAAL** 

Type of Passport Booklet **NORMAL** 

**Applicant Details** 

State/UT

Region/Country

Applicant's Name SUBRAMANIAN MUTHAIAH

Date of Birth (DD/MM/YYYY) 27/09/1988

Validity Required NA

Place of Birth (Village/Town/City) **CHENNAL** District **CHENNAI** 

Gender MALE

SINGLE **Marital Status** 

Citizenship of India by **BIRTH** 

PAN DADPS5187Q

**Employment Type PRIVATE** 

Is either of your parent (in case of

minor)/spouse, a government servant?

**GRADUATE AND ABOVE Educational Qualification** 

Are you eligible for Non-ECR category?

569840930109 Aadhaar Number

**Family Details** 

Father's Name SWAMINATHAN MUTHAIAH

TAMIL NADU

INDIA

Υ

Mother's Name MUTHAIAH BAGAVATHI

**Present Residential Address Details** 

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.

3/28/22, 3:20 PM View/Print Submitted Form

Address 46, RAMANUJAM STREET, UDHAYAM HOUSE, T.NAGAR,

CHENNAI, CHENNAI, TAMIL NADU

PIN 600017

Police Station R-1 MAMBALAM

Mobile/Tel No. 9940687526

E-mail SUBRAMANIAN.MUTHAIAH06@GMAIL.COM

**Permanent Residential Address** 

Address 46, RAMANUJAM STREET, UDHAYAM HOUSE, T.NAGAR,

CHENNAI, CHENNAI, TAMIL NADU

PIN 600017

Police Station R-1 MAMBALAM

Mobile/Tel No. 9940687526

**Emergency Contact Details** 

Name and Address S.MUTHAIAH

Mobile/Tel No. 9677030503

**Previous Passport** 

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

Passport Number J3081432

Date of Issue 06/12/2012

Date of Expiry 05/12/2020

Place of Issue CHENNAI

File Number MASA02996510

**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.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	CHENNAI	Signature/Left Hand Thumb Impression of Applicant (If applicant is minor, either parent	
Date	28/03/2022	to sign)	