

## File Number (For Office Use Only)

## **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>23-0004925256</u>

Applying For REISSUE

If Re-issue, specify reason(s)

VALIDITY EXPIRED WITHIN 3

YEARS/DUE TO EXPIRE.

Type of Application TATKAAL

Type of Passport Booklet JUMBO

**Applicant Details** 

Applicant's Name

SUGNANA MURTHY RAMYA

HEBBALAGUPPE

Date of Birth (DD/MM/YYYY) 24/03/1981

Validity Required NA

Place of Birth (Village/Town/City) CHIKMAGALUR

District CHIKKAMAGALURU

State/UT KARNATAKA

Region/Country INDIA

Gender FEMALE

Marital Status MARRIED

Citizenship of India by BIRTH

PAN AGWPR2800B

Employment Type PRIVATE

Is either of your parent (in case of

minor)/spouse, a government servant?

GRADUATE AND ABOVE

Are you eligible for Non-ECR category? N

Aadhaar Number 778372548903

**Family Details** 

**Educational Qualification** 

Father's Name SUGNANA MURTHY HEBBALAGUPPE RAJAIAH

Mother's Name SOWBAGYA

Spouse's Name SESHAN SRIRANGARAJAN

https://portal1.passportindia.gov.in/AppOnlineProject/secure/ViewDraftAction?arn=23-0004925256

**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.

16/03/2023, 15:54 View/Print Submitted Form

Address 102, TOWER 6, AVANTI APTS, IIT DELHI, HAUZ KHAS, DELHI,

SOUTH WEST DELHI, DELHI

PIN 110016

Police Station VASANT VIHAR

Mobile/Tel No. 09911691541 / 9911691541

E-mail RAMYA.MURTHY@GMAIL.COM

**Permanent Residential Address** 

Address 2338, 11TH MAIN, 5TH CROSS VIJAYANAGAR 2ND STAGE,

MYSORE, MYSURU CITY, KARNATAKA, INDIA

PIN 570017

Police Station VIJAYANAGARA

Mobile/Tel No. 09911691541 / 9911691541

**Emergency Contact Details** 

Name and Address SESHAN SRIRANGARAJAN, TOWER 6-102, AVANTI

APARTMENTS, IIT DELHI, HAUZ KHAS, NEW DELHI 110016

Mobile/Tel No. 9911691531 / 9911691531

E-mail RAMYA.MURTHY@GMAIL.COM

**Previous Passport** 

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

Passport Number L3338618

Date of Issue 19/06/2013

Date of Expiry 18/06/2023

Place of Issue DUBLIN

File Number IRLD00070413

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. Certificate from Employer of reputed companies on letter head

**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	NEW DELHI	Signature/Left Hand Thumb Impression of Applicant (If applicant is minor, either parent	
Date	16/03/2023	to sign)	