

## 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>20-1005267395</u>

Applying For FRESH

Type of Application NORMAL

Type of Passport Booklet NORMAL

**Applicant Details** 

Applicant's Name SANJAY KUMAR ALURU

Date of Birth (DD/MM/YYYY) 05/08/1994

Validity Required NA

Place of Birth (Village/Town/City) ALLADUPALLE

District YSR DISTRICT

State/UT ANDHRA PRADESH

Country INDIA
Gender MALE

Marital Status SINGLE

Citizenship of India by BIRTH

Voter Id IMH1298314

Employment Type PRIVATE

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

Visible Distinguishing Mark MOLE ON RIGHT INDEX FINGER

Aadhaar Number 277158874170

**Family Details** 

Father's Name HANUMANTHU ALURU

Mother's Name KULLAYAMMA ALURU

**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.

11/26/2020 View/Print Submitted Form

Address 2-104 SIVALAYAM STREET, RAYALAM, WEST GODAVARI,

ANDHRA PRADESH

PIN 534208

Police Station BHIMAVARAM II TOWN

Mobile/Tel No. 9959856123

E-mail SANJAYALURU2015@GMAIL.COM

**Permanent Residential Address** 

Address 2-104 SIVALAYAM STREET, RAYALAM, WEST GODAVARI,

ANDHRA PRADESH

PIN 534208

Police Station BHIMAVARAM II TOWN

Mobile/Tel No. 9959856123

**Emergency Contact Details** 

Name and Address SATISH ALURU,2-104,SIVALAYAM STREET,RAYALAM

Mobile/Tel No. 9052464666

E-mail BOBBY.ALURU5@GMAIL.COM

Other Details

Payment Details

Mode of Payment Online/Internet Banking

Date 24/11/2020

Receipt/Reference No. CPAAKWZWA6

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

**Enclosures** 

1.Aadhaar Card/E-Aadhaar

2.Aadhaar Card/e-Aadhar containing the 12 digit Aadhaar number issued by the Unique Identification Authority of India(UIDAI)

**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	RAYALAM	Signature/Left Hand Thumb Impression of Applicant (If applicant is minor, either parent	
Date	24/11/2020	to sign)	