

**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 - 25-1049886668  
Number  
Applying For - FRESH  
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 - KALAIVANI RAJENDRAN  
Date of Birth - 11/05/1999  
(DD/MM/YYYY)  
Validity Required - NA  
Place Of Birth - TIRUTTANI  
(Village/Town/City)  
District - TIRUVALLUR  
State/UT - TAMIL NADU  
Region/Country - INDIA  
Gender - FEMALE  
Marital Status - SINGLE  
Citizenship of India by - BIRTH  
PAN - OYYP5078A  
Voter ID - IBW1467810  
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 LEFT SIDE SHOULDER  
Mark  
Aadhaar Number - 322326409828

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

**Family Details**

Father Name - RAJENDRAN SUBRAMANI  
Mother Name - SAILAJA RAJENDRAN

**Present Residential Address Details:**

Address - 1/2 LAST STREET, NN KANDIGAI CHIVVADA POST, TIRUVALLUR, TAMIL NADU  
Pin - 631201  
Police Station - K.K.CHATRAM  
Mobile/Tel No - 8248699606  
Email - SHANUMAS@GMAIL.COM

**Permanent Residential Address Details**

Address - 3/153, KATABOMMAN STREET, SARASWATHINAGAR POST, TIRUVALLUR, TAMIL NADU, INDIA  
Pin - 631211  
Police Station - THIRUTHANI  
Mobile/Tel No - 8248699606

**EmergencyContactDetails:**

Name and Address - KALAIVANI RAJENDRAN  
Mobile/Tel No. - 8248699606  
E-mail - SHANUMAS@GMAIL.COM

**Previous Passport****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. Birth certificate issued by the Registrar of Births and Deaths or the Municipal Corporation or any other authority, empowered under the Registration of Births and Deaths Act, 1969 (18 of 1969)

**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 - TIRUTTANI

Date - 31/03/2025

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

