

## 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 23-0015715964

Applying For FRESH

Type of Application NORMAL

Type of Passport Booklet NORMAL

**Applicant Details** 

Applicant's Name SHUBHLATA SHARMA

Date of Birth (DD/MM/YYYY) 02/06/1981

Validity Required NA

Place of Birth (Village/Town/City) ZAFFARPUR

District AMBALA

State/UT HARYANA

Region/Country INDIA

Gender FEMALE

Marital Status WIDOW/ WIDOWER

Citizenship of India by BIRTH

Voter Id NEZ0361329

Employment Type NOT EMPLOYED

Is either of your parent (in case of

minor)/spouse, a government servant?

Educational Qualification BETWEEN 8TH AND 9TH STANDARD

Are you eligible for Non-ECR category? N

**Family Details** 

Father's Name GASITU SHARMA
Spouse's Name PRAMOD SHARMA

**Present Residential Address Details** 

Address 46,NYA MILKAAJIUDDINAPUR, SAHARANPUR, SAHARANPUR, UTTAR PRADESH

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.

18/08/2023, 22:15 View/Print Submitted Form

PIN 247001

Police Station SADAR BAZAR

Mobile/Tel No. 8868063012

VIKRANTSHARNA11@GMAIL.COM E-mail

**Permanent Residential Address** 

46,NYA MILKAAJIUDDINAPUR, SAHARANPUR, Address

SAHARANPUR, SAHARANPUR, UTTAR PRADESH

PIN 247001

Police Station SADAR BAZAR

Mobile/Tel No. 8868063012

**Emergency Contact Details** 

VIKRANT SHARMA, PREM NAGAR DELHI ROAD Name and Address

**SAHARANPUR** 

Mobile/Tel No. 08868063012

E-mail VIKRANTSHARNA11@GMAIL.COM

**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. Election Photo Identity Card (EPIC) issued by the Election Commission of India

2. Electors Photo Identity Card (EPIC)

**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 **SAHARANPUR** Signature/Left Hand Thumb Impression of

Applicant (If applicant is minor, either parent

to sign) Date 18/08/2023