APPLICATION FOR INDIAN PASSPORT															
enue.				1 RE-ISSUE OF PASSPORT						PASTE					
EMBASSY OF INDIA 1025 BUDAPEST BUZAVIRAG UTCA 14 Tele: 00361 3257742-43 (General) Fax: 00361 325 7745 E-mail: sscul@indianembassy.hu Website: www.indianembassy.hu				2 DUPLICATE PASSP STOLEN OR DAMAG				ORT IN LIEU OF LOST, GED PASSPORT			A				
					3 IDENTITY CERTIFICATE						PHOTO HERE				
				4 CHANGE OF NAME/SURNAME					(5 cm x 5 cm) Sign below the photograph (by applicant) (thumb impression in case of infant/minor below 5 yrs. Right thumb for girls and left for boys)						
			5 EMERGENCY CERTIFICATE												
			6 CHANGE IN APPEARANCE												
			7 PASSPORT FOR CHILDREN BORN IN HUNGARY / BOSNIA & HERZEGOVINA												
				8 RE-ISSUE OF SHORT VALIDITY PASSPORTS					٩						
					PASSPORTS 9 MISCELLANEOUS SERVICE										
				Ţ											
(ONLY CASH IN HUNGARIAN FORINTS ACCEPTED FOR PAYMENT OF FEES) (FILL IN USING BLOCK LETTERS WITH BLUE/ BLACK INK ONLY) NOTE It is an offence to knowingly furnishing any false information or to suppress marital information when applying. Please complete every column of application form. Write 'NOT APPLICABLE' where information is nil. 1. FULL NAME (EXPANDED INITIALS)															
1. FULL NA	ME (EXP	ANDED INI	TIALS)												
(GIVEN NAME)				((MIDDLE NAME)						(SURNAME NAME)				
2. IF YOU H	HAVE EVE	ER CHANGE	ED YOUF	r nam	E, WR	ITE YO	OUR PRE	VIOUS NAM	IE:						
3. PLACE OF BIRTH 4. COUNTRY OF BIRTH															
5. DATE OF BIRTH —				(DD) / (/MM) / (YYYY))	6. SEX						
-	7. FULL NAME OF FATHER									NATIO	NALIT	Y			
	8. FULL NAME OF MOTHER									NATIO	NALIT	Y			
9. PROFES WORK & ADDRES	SION, TIT														
10. HEIGHT			11. COLOUR OF EYES			12. COLOUR OF HAIR									
13. VISIBLE	13. VISIBLE DISTINGUISHING MARKS, IF ANY														
14. FULL N	AME OF \$	SPOUSE													
15. PRESE BOSNIA & I			NGARY /												
TEL. NO).			ľ	MOB. N	NO.			E- M	AIL					
16. PERMA	NENT AD	DRESS IN	INDIA												
17. PARTIC	ULARS C	OF A PERSO	ON TO BE	E INTI	MATEI	D IN TH	HE EVEN	IT OF DEAT	H/ACCIDEN	T/EMERG	ENCY	:			
a.) NAME b.) Relationship c.) Tel.															
d.) ADDRESS									•						
i) Birth ii) Descent iii) Naturalization Registration 18. ARE YOU A CITIZEN OF INDIA BY Image: Comparison of the second s															
19. DID YOU EVER POSSESS ANY OTHER NATIONALITY OR TRAVEL DOCUMENT OF ANY OTHER COUNTRY? If so, please give details															

20. IS THIS APPLICATION pages)	N FOR A PASSPORT FO	DR THE (attach self attes	ted copies of passp	ort – first, last & Hunga	ry / BiH v	alid visa				
FIRST TIME IN NEW PASSPORT IN REPLACEMENT OF AN EXPIRED PASSPORT UPLICATE PASSPORT?										
21. IF THIS APPLICATION IS FOR DUPLICATE PASSPORT, WAS THE PREVIOUS PASSPORT LOST DAMAGED (If damaged, please attach damaged passport)										
22. PRESENT PASSPORT NO. OR DAMAGED OR LOST PASSPORT NO.										
I) DATE OF ISSUE			III) DATE OF EXPIRY							
23. a.) WERE YOU EVER	REFUSED A PASSPOR		Yes No							
b.) WAS YOUR PASS	PORT EVER IMPOUND	Yes No								
c.) ARE ANY CRIMINA	AL PROCEEDINGS PEN	NDIA	Yes No							
d) HAVE YOU EVER E INDIA	BEEN REPATRIATED TO	Yes No								
IF ANSWER TO ANY OF THESE QUESTIONS IS "YES," PLEASE ENCLOSE A COPY OF THE OFFICIAL COMMUNICATION RECEIVED BY YOU AND GIVE OTHER DETAILS.										
	24. HAVE YOU EVER APPLIED FOR ASYLUM OR REFUGEE STATUS IN HUNGARY / BiH? IF YES, PLEASE Yes No									
25. a.) BRIEFLY STATE CIRCUMSTANCES OF LOSS/THEFT/DAMAGE OF PASSPORT AND ATTACH REPORT LODGED WITH LOCAL POLICE IN CASE OF LOSS OF PASSPORT. (PLEASE ATTACH YOUR EXPLANATION ON A SEPARATE SHEET OF PAPER)										
b.) DETAILS OF RESTRICTION, IF ANY, PUT ON APPLICANT'S DAMAGED/LOST PASSPORT										
26. DETAILS OF THE SERVICE REQUIRED: (IF APPLYING FOR MISC. SERVICE)										
SPECIMEN SIGNATURE OF APPLICANT ONLY (THUMB IMPRESSION, IN CASE OF AN INFANT)										
		SELF DECLAR	ATION:							
I OWE ALLEGIANCE TO THE SOVEREIGNTY & INTEGRITY OF INDIA AND HAVE NOT VOLUNTARILY ACQUIRED THE CITIZENSHIP OR TRAVEL DOCUMENT OF ANY OTHER COUNTRY. I HAVE NOT LOST, SURRENDERED OR BEEN DEPRIVED OF CITIZENSHIP OF INDIA.										
THE INFORMATION GIVEN BY ME IN THIS FORM AND ENCLOSURES IS TRUE AND I AM SOLELY RESPONSIBLE FOR ACCURACY. I AM AWARE THAT IT IS AN OFFENCE UNDER PASSPORT ACT, 1967 TO FURNISH ANY FALSE INFORMATION OR TO SUPPRESS ANY MATERIAL INFORMATION WITH A VIEW TO OBTAINING PASSPORT OR ANY OTHER TRAVEL DOCUMENT.										
I FURTHER DECLARE THA	AT I HAVE NO OTHER PA	SSPORT / TRAVEL DOCUM	MENT.							
(Signature or thumb impression of applicant)										
Declaration by Parents/Legal Guardian in case of Minor:										
 Information given above in respect of of whom I am the parent / legal guardian is true. I undertake to be entirely responsible for his / her expenses. I solemnly declare that he / she has not lost, surrendered or been deprived of his/her citizenship of India. I hereby declare that born in Hungary / BiH has not applied for or acquired Hungarian / BiH citizenship / travel document. Should I approach the authorities for such a travel document, I undertake to inform the Embassy of India, Budapest, immediately so that Indian travel document may be withdrawn. 										
Place :										
Date:										
	[Signature or t	humb impression	of applicant]				