High Commission of India Malta

Application Form for Miscellaneous Consular Service

Service	applie	ed for:	
b)	Attestation C) Translation verification		
Fee pa	id: Eur	0	
Details:	_		
	SI. No.		
	1	Full Name	
	2	Name of Father	
	3	Name of Mother	
	4	Name of Spouse & nationality	
	5	Passport No.	
	6	Date of issue	
	7	Place of issue	
	8	Valid until	
	9	Residential address in India	
	10	Residential address in country of domicile	
	11	Office address and contact number	
	12	Reason for applying PCC	
	13	Profession	
aware t	I soler hat it is	mnly affirm that the information given is correct and nothing has been concealed and I am s an offence to knowingly furnish false information or suppress material information.	
	Signa (Left ha	ture of Applicant/Thumb impression of legal Guardian and thumb impression of female)	
	Date Conta	ct Number/Email :	
	Registration No. with High Commission of India, Malta		