

APPLICATION FOR INDIAN PASSPORT

High Commission of India
Valletta, Malta
(No. 29, Villa Melika, Triq
Galanton Vassallo
Santa Vanera, Malta
Tele: 00-356-21-480416 (General)
E-mail: cons.valletta@mea.gov.in

<input type="checkbox"/>	1	RE-ISSUE OF PASSPORT	
<input type="checkbox"/>	2	DUPLICATE PASSPORT IN LIEU OF LOST, STOLEN OR DAMAGED PASSPORT	
<input type="checkbox"/>	3	ADDITIONAL BOOKLET	
<input type="checkbox"/>	4	CHANGE OF NAME/SURNAME	
<input type="checkbox"/>	5	EMERGENCY CERTIFICATE	
<input type="checkbox"/>	6	CHANGE IN APPEARANCE	
<input type="checkbox"/>	7	PASSPORT FOR CHILDREN BORN IN MALTA	
<input type="checkbox"/>	8	RENEWAL OF SHORT VALIDITY PASSPORTS	
<input type="checkbox"/>	9	MISCELLANEOUS SERVICE	

**PASTE
A
PHOTO HERE**

Sign below the
photograph

NOTE This application can be used at the High Commission of India, Malta (PERSONAL CHEQUES/CREDIT CARDS ARE NOT ACCEPTED FOR PAYMENT OF FEES) (FILL IN USING BLOCK LETTERS WITH BLUE/ BLACK INK ONLY)

1. FULL NAME (EXPANDED INITIALS)

_____ (GIVEN NAME)

_____ (MIDDLE NAME)

_____ (SURNAME NAME)

2. IF YOU HAVE EVER CHANGED YOUR NAME, WRITE YOUR PREVIOUS NAME:

3. PLACE OF BIRTH

4. COUNTRY OF BIRTH

5. DATE OF BIRTH

_____/_____/_____
(DD) / (MM) / (YYYY)

6. SEX

7. FULL NAME OF FATHER

8. FULL NAME OF

NATIONALITY

9. PROFESSION

10. HEIGHT

11. COLOUR OF EYES

12. COLOUR OF HAIR

13. FULL NAME OF SPOUSE

14. VISIBLE DISTINGUISHING MARKS, IF ANY

15. PRESENT ADDRESS IN MALTA

TEL. NO.

MOB. NO.

EMAIL

16. PERMANENT ADDRESS IN INDIA

17. PARTICULARS OF A PERSON TO BE INTIMATED IN THE EVENT OF DEATH OR ACCIDENT:

a.) NAME

b.) Relationship

c.) Tel.

d.) Address

18. ARE YOU A CITIZEN OF INDIA BY

i) Birth ii) Descent iii) Naturalization iv) Registration

19. DID YOU EVER POSSESS ANY OTHER NATIONALITY OR TRAVEL DOCUMENT OF ANY OTHER COUNTRY? If so, please give details

YES NO

20. IS THIS APPLICATION FOR A PASSPORT FOR THE			
<input type="checkbox"/> FIRST TIME <input type="checkbox"/> NEW PASSPORT IN REPLACEMENT OF AN EXPIRED PASSPORT <input type="checkbox"/> DUPLICATE PASSPORT?			
21. IF THIS APPLICATION IS FOR DUPLICATE PASSPORT, WAS THE PREVIOUS PASSPORT <input type="checkbox"/> LOST <input type="checkbox"/> DAMAGED <i>(If damaged, please attach damaged passport)</i>			
22. PRESENT PASSPORT NO. OR DAMAGED OR LOST PASSPORT NO.			
I) DATE OF ISSUE	II) PLACE OF ISSUE	III) DATE OF EXPIRY	
23. a.) WERE YOU EVER REFUSED A PASSPORT?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b.) WAS YOUR PASSPORT EVER ORDERED TO BE IMPOUNDED OR REVOKED?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 THE MALTA? IF YES, PLEASE ATTACH RELEVANT DOCUMENTS.			<input type="checkbox"/> Yes <input type="checkbox"/> 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)			
Registration No. with High Commission of India, Malta _____			
<u>SELF DECLARATION :</u>			
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 THAT I HAVE NO OTHER PASSPORT / TRAVEL DOCUMENT.			
			_____ (Signature or thumb impression of applicant)
<u>Declaration by Parents/Legal Guardian in case of Minor:</u>			
1) Information given above in respect of _____ of whom I am the parent / legal guardian is true. 2) I undertake to be entirely responsible for his / her expenses. 3) I solemnly declare that he / she has not lost, surrendered or been deprived of his/her citizenship of India. 4) I hereby declare that _____ born in Malta has not applied for or acquired Malta citizenship / travel document. Should I approach the Maltese authorities for such a travel document, I undertake to inform the High Commission of India, Malta immediately so that Indian travel document may be withdrawn.			
Place : _____		_____ Signature of both the Parents /legal guardian	
Date: _____			