



APPLICATION FOR MISCELLANEOUS SERVICES

SERVICE BEING APPLIED FOR please select the relevant service only

- Registration of birth of child Attestation of Signatures
 Birth Certificate on basis of passport Attestation of Documents
 Life Certificate Marriage Certificate
 Affidavit by Parents applying for child's passport

Please paste one recent passport size photograph here and sign with half the signature on the photograph and half on the application

1. Full Name

Last Name

Middle Name

First Name

2. Father's Name

Last Name

Middle Name

First Name

3. Mother's Name

Last Name

Middle Name

First Name

4. Permanent Address in India

Address

Tel. No

5. Permanent Address in Republic of Congo

Address

Tel.No

Company Name

6. Profession & Business Address of Company

Address

Tel. No

7. Place of Birth <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/> (dd/mm/yyyy)																																				
8. Current Passport No <input style="width: 95%;" type="text"/>	Place of Issue <input style="width: 95%;" type="text"/>																																				
9. Name of Spouse (if applying for marriage certificate)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Last Name</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Middle Name</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">First Name</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Nationality</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	Last Name	<input style="width: 95%;" type="text"/>	Middle Name	<input style="width: 95%;" type="text"/>	First Name	<input style="width: 95%;" type="text"/>	Nationality	<input style="width: 95%;" type="text"/>																												
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10. Particulars of child/children (if applying for registration of birth of child)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 2px;">Full Name</td> <td colspan="2"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Place of Birth</td> <td colspan="2"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Date of Birth (dd/mm/yyyy)</td> <td><input style="width: 95%;" type="text"/></td> <td style="padding: 2px;">Sex <input style="width: 95%;" type="text"/> M/F</td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 2px;">Full Name</td> <td colspan="2"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Place of Birth</td> <td colspan="2"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Date of Birth (dd/mm/yyyy)</td> <td><input style="width: 95%;" type="text"/></td> <td style="padding: 2px;">Sex <input style="width: 95%;" type="text"/> M/F</td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 2px;">Full Name</td> <td colspan="2"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Place of Birth</td> <td colspan="2"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Date of Birth (dd/mm/yyyy)</td> <td><input style="width: 95%;" type="text"/></td> <td style="padding: 2px;">Sex <input style="width: 95%;" type="text"/> M/F</td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 2px;">Full Name</td> <td colspan="2"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Place of Birth</td> <td colspan="2"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Date of Birth (dd/mm/yyyy)</td> <td><input style="width: 95%;" type="text"/></td> <td style="padding: 2px;">Sex <input style="width: 95%;" type="text"/> M/F</td> </tr> </table>	Full Name	<input style="width: 95%;" type="text"/>		Place of Birth	<input style="width: 95%;" type="text"/>		Date of Birth (dd/mm/yyyy)	<input style="width: 95%;" type="text"/>	Sex <input style="width: 95%;" type="text"/> M/F	Full Name	<input style="width: 95%;" type="text"/>		Place of Birth	<input style="width: 95%;" type="text"/>		Date of Birth (dd/mm/yyyy)	<input style="width: 95%;" type="text"/>	Sex <input style="width: 95%;" type="text"/> M/F	Full Name	<input style="width: 95%;" type="text"/>		Place of Birth	<input style="width: 95%;" type="text"/>		Date of Birth (dd/mm/yyyy)	<input style="width: 95%;" type="text"/>	Sex <input style="width: 95%;" type="text"/> M/F	Full Name	<input style="width: 95%;" type="text"/>		Place of Birth	<input style="width: 95%;" type="text"/>		Date of Birth (dd/mm/yyyy)	<input style="width: 95%;" type="text"/>	Sex <input style="width: 95%;" type="text"/> M/F
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DECLARATION:

I solemnly affirm that the information given here is correct and nothing has been concealed and I am aware that it is an offence under the Indian Passport Act, 1967 to knowingly furnish false information or suppress material information.

Place: <input style="width: 95%;" type="text"/>	Date (dd/mm/yyyy) <input style="width: 95%;" type="text"/>
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