

SURRENDER CERTIFICATE APPLICATION FORM Government of India, Ministry of External Affairs

Please read the instructions carefully before filling the form. 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 latest Indian Passport at the time of submission of this form.

| Passport Details | | | |
|---------------------------------------|-----------------------------------|----------------------------------|--------------------------|
| Passport Number * | | Date of Issue (DD/MM/YYYY) | * |
| Date of Expiry (DD/MM/YYYY) * | | · | |
| Place of Issue * | | | |
| Surrender Details | | | |
| Reason for Surrender * | Acquiring Foreign Nationality | / Renunciation of Indian Citizen | ship |
| Applicant's Nationality * | Select | arcelule representation for a | |
| Foreign Nationality Acquisition D | ate (DD/MM/YYYY) * | | The second second second |
| Applicant Details | | | |
| Applicant's Given Name (Given N | Name means First Name followed | by middle Name (if any)) * | |
| | Mini - Control (1909) March | | |
| Surname | | | |
| | | | |
| Date of Birth (DD/MM/YYYY) * | | | |
| Place Of Birth | | | |
| Is your Place of Birth out of India?* | ○ Yes ○ No | * | |
| Village or Town or City * | | | |
| Gender * | | Marital Status * | |
| Educational Qualification * | | | |
| Visible Distinguishing Mark | | | |
| Family Details (Father/Mother/L | egal Guardian details; at least o | one is mandatory.) * | |
| Father's Given Name (Given Nam | me means First Name followed by | Middle Name (If any)) | |
| | | | |
| Surname | | | |
| | | | J# |
| Mother's Given Name (Given Name | me means First Name followed by | Middle Name (If any)) | |
| Surname | | <u> </u> | |
| Carrianic | | | 4 |
| Legal Guardian's Given Name (if | applicable) | | |
| | | | d d |
| Surname | | | |
| | | | |
| Present Residential Address de | etails (where applicant presently | resides) | |
| House No. and Street Name * | | | |

| Village or Town | or City * | A STADI WEARD READERS 1975 | |
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| District | BLEG and As workship to very sufficient | PIN * | |
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| E-mail ID | | | |
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| to be penalised or | nformation given by me in this form an r prosecuted if found otherwise. I am a suppress any material information to t | d the enclosure is true and I am solely respon ware that under Passports Act, 1967 it is a cri he Passport Authority. | isible for its accuracy and I am liabl minal offence to furnish any false |
| ☐ I Agree | | | |
| Place * | 11 | Date (DD/MM/YYYY) * 14/ | 01/2017 |
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