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GOVERNMENT OF INDIA, MINISTRY OF EXTERNAL AFFAIRS

PASSPORT APPLICATION FORM

Please read the Passport Instruction Booklet carefully before filling the form. Fill this form in CAPITAL LETTERS using blue/black ink ball point pen only. 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 original documents at the time of submission of the form.

Service Required

Application Reference Number <u>24-0010759028</u>

Applying For REISSUE

If Re-issue, specify reason(s)

VALIDITY EXPIRED MORE THAN 3

YEARS AGO

Type of Application NORMAL

Type of Passport Booklet NORMAL

Applicant Details

Applicant's Name SAKINA JUZER EZZY

Date of Birth (DD/MM/YYYY) 17/05/2002

Validity Required NA

Place of Birth (Village/Town/City) DONDAICHA

District DHULE

State/UT MAHARASHTRA

Region/Country INDIA

Gender FEMALE

Marital Status SINGLE

Citizenship of India by BIRTH

Employment Type STUDENT

Is either of your parent (in case of

minor)/spouse, a government servant?

IN

Educational Qualification 10TH PASS AND ABOVE

Are you eligible for Non-ECR category? Y

Aadhaar Number 736227884108

Family Details

Father's Name JUZER FAKRUDDIN EZZY

Mother's Name FARIDA JUZER EZZY

Present Residential Address Details

Address JAMALI TRADERS, SHAHADA ROAD, DONDAICHA,

DONDAICHA, DHULE, MAHARASHTRA

PIN 425408

Police Station DOINDAICHA

Mobile/Tel No. 8625017353

E-mail SAKINAEZZY29@GMAIL.COM

Permanent Residential Address

Please paste your unsigned recent color photograph of size 4.5cm * 3.5cm.

Signature/Left Hand Thumb Impression of Illiterate Applicant and Minors who

cannot sign.

JAMALI TRADERS, SHAHADA ROAD, DONDAICHA, Address DONDAICHA, DHULE, MAHARASHTRA PIN 425408 Police Station **DOINDAICHA** Mobile/Tel No. 8625017353 **Emergency Contact Details** JUZER EZZY, JAMALI TRADERS, SHAHADA ROAD, Name and Address **DONDAICHA** Mobile/Tel No. 9423917352 **Previous Passport** Details of latest held/existing/lost/damaged Ordinary Passport Passport Number P9274524 Date of Issue 20/03/2017 Date of Expiry 16/05/2020 Place of Issue **THANE** File Number TH1070762832217 **Other Details** Fee Details (Not to be filled by applicants submitting the application at Passport Seva Kendra/Passport Office) Fee amount in (Rs) If paid by Demand Draft(DD), provide the following details DD Issue Date (dd/mm/yyyy) DD Expiry Date (dd/mm/yyyy) Bank Name Branch **Enclosures** 1.PAN Card issued by the Income Tax Department 2. Aadhaar Card (Address Proof) **Self Declaration** I owe allegiance to the sovereignty, unity & integrity of India, and have not voluntarily acquired citizenship or travel document of any other country. I have not lost, surrendered or been deprived of the citizenship of India. I have not contravened any of the conditions relating to the possession and use of an Indian passport. I affirm that the information and particulars given by me in this form are true and correct. I further state that I am not suppressing any material information in this regard. I further affirm that the enclosures and documentary proof submitted in support of my application for an Indian passport are authentic and solely pertain to me and I am fully responsible for the accuracy of the same. I am liable to be penalized or prosecuted if found otherwise. I am aware that under the Passports Act, 1967 it is a criminal offence to furnish any false information or to suppress any material information with a view to obtaining passport or travel document. I have read and understood the contents of the above and by submitting this form certify that all the information submitted by me in the form is bonafide.

Signature/Left Hand Thumb Impression of Applicant (If applicant is minor, either parent

to sign)

Place

Date

DONDAICHA

19/06/2024