



APPLICATION FOR MISCELLANEOUS SERVICES

SERVICE BEING APPLIED FOR (Please tick relevant service): (a) Registration of birth of child (b) Birth Certificate on basis of passport (c) Life certificate (d) Marriage certificate (e) Police Clearance Certificate
(f) Transfer of valid visa (g) Attestation of Documents (h) Attestation of Signatures (i) ECNR

APPLICANTS FROM:

ACT & QLD:- Apply at High Commission of India, 3 Moonah Place, Yarralumla, ACT - 2600.
NSW & SA:- Apply at Consulate General of India, Level 3, 109 Pitt Street, Sydney, NSW - 2000
VIC & TAS:- Apply at Consulate General of India, 344, St. Kilda Road, Melbourne, VIC - 3000
WA & NT:- Apply at Consulate General of India, Lots 70-74, Level 6, 12 St. Georges Terrace, Perth WA - 6000

For Official Use:-

Passport:-

MO/BC/Cash:- A\$

Date:-

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

1. Full Name

_____ (Last name) (First Name) (Middle Name)

2. Father's Name

_____ (Last name) (First Name) (Middle Name)

3. Mother's Name

_____ (Last name) (First Name) (Middle Name)

4. Permanent Address in India Address _____

City _____ State _____ Pin Code _____ Tel. No. _____

5. Permanent Address in Australia

Address _____

City _____ State _____ Pin Code _____ Tel. No. _____

6. Profession & Business Address Name of

Company _____ Address _____

City _____ State _____ Post Code _____ Tel. No. _____

7. Place of Birth _____ Date of Birth _____
(Day – Month -- Year)

8. Current Passport No. _____ Place of Issue _____

Date of Issue _____ Date of Expiry _____
(Day – Month -- Year) (Day – Month -- Year)

9. Name of Spouse (if applying for marriage certificate)

(Surname) (First Name) (Middle Name)

Nationality _____

10. Particulars of child/children (if applying for registration of birth of child) : -

(Full Name) (Date of Birth) (Place of Birth)
(Sex (M/F))

(Full Name) (Date of Birth) (Place of Birth)
(Sex (M/F))

(Full Name) (Date of Birth) (Place of Birth)
(Sex (M/F))

(Full Name) (Date of Birth) (Place of Birth)
(Sex (M/F))

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 _____

Date _____

Signature or Thumb Impression of applicant or his/her legal guardian
(Left thumb impression of male and right impression of the female)