

EMBASSY OF INDIA
STOCKHOLM

**APPLICATION FORM FOR DUPLICATE INDIAN
PASSPORT
IN CASE OF LOSS OR DAMAGE TO ORIGINAL
PASSPORT**

Application for :

Issue of a fresh ordinary passport	
Re-issue of an ordinary passport after expiry of final validity of the existing passport	

1. Applicant's Personal Particulars

Surname		
Given Name (in full)		
Other or Previous Name		
Maiden Name		
Date of Birth (e.g., 01 January 2009)		
Place of Birth	Country of Birth	
Height (e.g., 5 feet 10 inches)	Colour of Eyes	Colour of Hair
Visible Distinguishing Mark		

2. Applicant's Permanent Address in India

State	Pin Code
Telephone No.	

3. Applicant's Present Address in India

State	Pin Code
Telephone No.	

4. Applicant's Present Residential Address in Sweden/Latvia

Home/Street address	
Postal Code	Postal District
Telephone No.	Mobile No.
E-mail Address	
Local Car Driving License No.	

Place of Issue:
Date of Issue:

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5. Applicant's Business Address

Title at Work	
Name of the Organisation	
Street Address	
Postal Code	Postal District
Telephone No.	Fax No.
E-mail Address	

6. Personal Particulars of Applicant's Parents

Father's Full Name	
Country of Birth	Nationality at Birth
Mother's Full Name	
Country of Birth	Nationality at Birth

7. Applicant's Civil Status: Choose Whichever is Applicable

Unmarried	Married	Partner	Divorced	Widowed
Name and Nationality of Applicant's Spouse				
Name and Nationality of Applicant's Eldest Brother/Sister				
Name and Nationality of Applicant's Eldest Son/Daughter				

8. Applicant's Present Passport Particulars

Passport No.	Place of issue
Date of issue	Date of expiry

9. Applicant's Emigration Status

Educational Qualification to Ascertain Emigration Status	Present Emigration Status (ECR/ECNR). Please Indicate Whichever is Applicable.

10. Applicant's Visa Status in Sweden (Tick mark one)

Permanent Residence	Work Permit
Student Visa	Temporary Visitor
Any Other (Please Explain)	

Column 10 continued

Applicant first left India on :	Applicant first visited Sweden on :
Applicant has been continuously staying outside India for :	Applicant's last visit to India :

11. Applicant is Citizen of India

By Birth	By Descent
By Naturalisation	By Registration

12. Contact Names and Addresses of Two Relatives/Friends in India

First Contact's Name	
State	Pin Code
Telephone No.	
E-mail Address	

Second Contact's Name	
State	Pin Code
Telephone No.	
E-mail Address	

13. Declarations by Applicant

Did you ever possess any other nationality or travel document of any other country, if so, please give details	Yes/No			
No.	Dated:	Issued at:	Validity:	
Was your Passport ever impounded or revoked				Yes/No
Were you ever refused an Indian Passport				Yes/No
Are any criminal proceedings pending against you in India				Yes/No
Have you ever been repatriated to India at the expense of the Government of India				Yes/No

14. Payment of Fee (Please note that cheques/cards are not accepted at the Embassy Counter)

Date of Payment	Mode of Payment	Amount	Name of Bank

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15. When and where the Indian Passport has been lost/damaged and under what circumstances

(Also attach a detailed letter addressed to the Consular Officer of the Embassy explaining the circumstances in which the passport was lost or damaged)

16. When and where the loss has been reported to the Police

(Also attach a copy of the police report)

17. Declaration

I declare that I have not lost or surrendered my citizenship of India since the above passport was issued to me. I further declare that I have no other passport in my possession and I owe allegiance to the sovereignty and integrity of India.

18. Choose the Passport Facility Required

Fresh Passport	Emergency Certificate for one way travel to India
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Place.....

Date.....

Signature.....

Please Note :

1. APPLICANTS MAY PLEASE GIVE TWO SPECIMEN SIGNATURES OR THUMB IMPRESSION (LEFT THUMB IF MALE AND RIGHT THUMB IF FEMALE) IN THE BOXES PROVIDED BELOW.



2. CHILDREN WHOSE NAMES WERE INCLUDED IN THE LOST, STOLEN OR DAMAGED PASSPORT WILL HAVE TO APPLY FOR FRESH PASSPORT. SEPARATE APPLICATION FOR FRESH PASSPORT MAY PLEASE BE SUBMITTED FOR EACH CHILD.