



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 * | <input type="text"/> | Date of Issue (DD/MM/YYYY) * | <input type="text"/> |
| Date of Expiry (DD/MM/YYYY) * | <input type="text"/> | | |
| Place of Issue * | <input type="text"/> | | |

Surrender Details

| | |
|---|--|
| Reason for Surrender * | <input type="checkbox"/> Acquiring Foreign Nationality/ Renunciation of Indian Citizenship |
| Applicant's Nationality * | <input type="text"/> |
| Foreign Nationality Acquisition Date (DD/MM/YYYY) * | <input type="text"/> |

Applicant Details

| | |
|---|----------------------|
| Applicant's Given Name (Given Name means First Name followed by middle Name (if any)) * | <input type="text"/> |
| Surname | <input type="text"/> |
| Date of Birth (DD/MM/YYYY) * | <input type="text"/> |

Place Of Birth

| | | | |
|-----------------------------|----------------------|-------------------------|----------------------|
| Village or Town or City * | <input type="text"/> | | |
| Country (If abroad)* | <input type="text"/> | | |
| State (If in India)* | <input type="text"/> | District (If in India)* | <input type="text"/> |
| Gender * | <input type="text"/> | Marital Status * | <input type="text"/> |
| Educational Qualification * | <input type="text"/> | | |
| Visible Distinguishing Mark | <input type="text"/> | | |

Family Details (Father/Mother/Legal Guardian details; at least one is mandatory.) *

| | |
|--|----------------------|
| Father's Given Name (Given Name means First Name followed by Middle Name (If any)) | <input type="text"/> |
| Surname | <input type="text"/> |
| Mother's Given Name (Given Name means First Name followed by Middle Name (If any)) | <input type="text"/> |
| Surname | <input type="text"/> |
| Legal Guardian's Given Name (if applicable) | <input type="text"/> |
| Surname | <input type="text"/> |

Present Residential Address details (where applicant presently resides)

House No. and Street Name *

Village or Town or City *

State

District

PIN *

Mobile Number *

Telephone Number

E-mail ID

Emergency Contact details *

Name and Address *

Mobile Number

Telephone Number

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 and I affirm that the information given by me in this form and the enclosures is true and I solely responsible for its accuracy, and I am liable to be penalized or prosecuted if found otherwise. I am aware that under the Passport Act, 1967 it is a criminal offence to furnish any false information or to suppress any material information while applying for passport services.

 I Agree

Place *

Date (DD/MM/YYYY) *