



## 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

Is your Place of Birth out of India?*	<input type="radio"/> Yes	<input type="radio"/> No
Village or Town or City *	<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 *	<input type="text"/>
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Village or Town or City *	<input type="text"/>		
State	<input type="text"/>		
District	<input type="text"/>	PIN *	<input type="text"/>
Mobile Number *	<input type="text"/>	Telephone Number	<input type="text"/>
E-mail ID *	<input type="text"/>		

**Emergency Contact details \***

Name and Address *			
<input type="text"/>			
Mobile Number*	<input type="text"/>	Telephone Number	<input type="text"/>

**Self Declaration**

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

☐ I Agree

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