Form 12

EMBASSY OF INDIA DAMASCUS

APPLICATION FORM FOR MISCELLANEOUS SERVICES

Please affix one

			Photograph.
1.	Name :		
2. 3.	Father's name:		
	Mother's name: Spouse's name & nationality:		
4. 5.	Date of Birth_		
		O. Place of Biltii	
7.	Residential Address :	(") In a secretary of description	
	(i) In India (Permanent Address)	(ii) In country of domicile	
	Tel. :	Tel. :	
8.	Profession and business address Tel.:		
9.	New Name:		
	(If application is for change of name)		
11.	Current Passport No.:		
10	Coming Day, inch. Diagon tight and strike and strike	a albara	
12.	Service Required: Please tick and strike out the	ne otners	
	(a) Renewal upto full validity.		
	(b) ECNR Stamp		
	(c) Inclusion/deletion of spouse 's name		
	(d) Change of Name/Maiden to married Name		
	(f) Change of Address		
	(g) Any other –Please specify:		
ıte			
			Signature of Applican
	cial Use only		
. Dar	m/Cons/	Dated	
)	: PASSEM/HICOMIND/INDEMBASSY/CONGE	NDIA	

Please confirm/verify the passport particulars/new address mentioned above in order to enable us to render the requested service.