

**EMBASSY OF INDIA**  
12, Natal Road Belgravia  
P.O.Box 4620, Harare, Zimbabwe  
E:mail [cons@embindia.org.zw](mailto:cons@embindia.org.zw) Tel : 795955/56

**APPLICATION FOR MISCELLANEOUS SERVICES**

1. Full Name (In capital letters) \_\_\_\_\_
2. Nationality \_\_\_\_\_
3. Father's/Husband's Name \_\_\_\_\_
4. Maiden Name (In case of married woman/widow/divorcee) \_\_\_\_\_
5. Present Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. E-mail : \_\_\_\_\_  
Tel. No : \_\_\_\_\_ Cell No. \_\_\_\_\_
7. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Exact nature of service required \_\_\_\_\_  
\_\_\_\_\_
9. Reasons for request of service \_\_\_\_\_  
\_\_\_\_\_
10. Particulars of Passport/Travel document: **(Please enclose a certified copy)**  
(a) Number : \_\_\_\_\_ (b) Date of Issue : \_\_\_\_\_  
(c) Valid upto : \_\_\_\_\_ (d) Place of Issue : \_\_\_\_\_

Place \_\_\_\_\_  
Date \_\_\_\_\_

Signatures \_\_\_\_\_