

**EMBASSY OF INDIA
LJUBLJANA
CONSULAR WING**

APPLICATION FOR MISCELLANEOUS SERVICES

This application can be used at the Embassy of India, Ljubljana

(It is illegal under the Indian Passport Act of 1967 to deliberately furnish false information or suppress information.)

For use of (a) Child inclusion/ Deletion (b) Registration of Child (c) Change in Name & Address (d) Police Clearance Certificate (e) Life / Birth / Marriage Certificate (f) Emigration Waiver (g) Attestation of documents (h) Any other services (Please Specify) -		
1. FULL NAME (First)	Middle	Last
2. PERMANENT ADDRESS IN INDIA & TEL. No. -		
3. PERMANENT ADDRESS IN SLOVENIA & TEL. No. - (Work) - (Residence) - (Mobile) -		
4. PROFESSION/BUSINESS ADDRESS & TEL. No. -		
5. PLACE OF BIRTH - DATE OF BIRTH -		
6. CURRENT PASSPORT NO.- PLACE OF ISSUE -		
DATE OF ISSUE -	VALID UNTIL -	
7. FULL NAME OF FATHER - FULL NAME OF MOTHER -		
8. NAME OF SPOUSE - NATIONALITY OF SPOUSE -		

Declaration (To be signed by Indian Citizens only)

I solemnly affirm that:

- i) I owe allegiance to the sovereignty and integrity of India
- ii) Information given above is correct and nothing has been concealed and I am aware that it is an offense under the Passport Act 1967 to knowingly furnish false information or suppress material information, and
- iii) I undertake to be entirely responsible for expenses of my son/daughter/ward
- iv) I solemnly declare that I have not lost, surrendered or been deprived of my Indian citizenship.
- v) I further declare that I have not voluntarily acquired citizenship of any other country and I have no other Passport or travel document in my possession.

*This declaration has to be notarized by a Notary Public in case of an applicant whose passport expired more than six months before the date of submission of this application.

TYPE OF SERVICE(S) REQUIRED: PLEASE CHECK RELEVANT SECTION(S):

(1) PLEASE REGISTER THE FOLLOWING CHILD/CHILDREN'S NAME(S) AND ISSUE BIRTH CERTIFICATE(S) TO THEM AS INDIAN CITIZENS.

Child's Name	Date & Place of Birth	Sex (M/F)
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Note: The passport of both the parents and the photocopy of the Birth Certificate(s) of the above child/children should be sent. Declaration of both parents that they have not taken any other nationality for the child/children.

(2) PLEASE ENTER/DELETE MY CHILD/CHILDREN'S NAME(S) IN / FROM MY PASSPORT

Particulars of Child/ Children to be included/ deleted/ registered –

Child's Name -
Date of Birth -
Place of Birth -
Sex (M/F) -

(3) PLEASE CHANGE MY NAME FROM -

TO -

Reason -

(4) PLEASE CHANGE MY PERMANENT ADDRESS AS RECORDED IN THE PASSPORT

(a) Address as in Passport -

(b) New Permanent address -

(5) PLEASE ISSUE ME

- Emigration Clearance waiver (Please attach photocopy of University degree or Resident card)
- Renewal of Emergency Travel Document
- Identity Certificate with a maximum validity of ten years
- Renewal of Identity Certificate
- Endorsement of Identity Certificate
- Issue of Birth Certificate
- Issue of Death Certificate
- Registration of Marriage
- Issue of Marriage Certificate
- Police Clearance Certificate issued only on clearance from authorities in India
- Attestation of civil documents (affidavits, educational degree, sponsorship certificates, marriage certificates, wills, Power of Attorney etc. (in duplicate)
(Please attach passports of both husband and wife)
- Life Certificate
- Attestation for property (relating to property matters: Power of Attorney)(in duplicate)
- Attestation for Commercial Documents (in duplicate)
- Attestation for documents for sale, purchase of ship, vessel (in duplicate)
- Change of address and other miscellaneous services on the Passport

Note: If Power of Attorney and Life Certificate are sent by mail, the signature of the applicant should be notarized by the Notary Public and then by the Ministry of Foreign Affairs of Slovenia.

Additional Information by Applicant -

PLEASE BRING YOUR PASSPORT(S) WITH THIS APPLICATION FOR ANY OF THE ABOVE SERVICES AND GIVE REASONS FOR REQUESTING THE CERTIFICATES/SERVICES.

Signature: _____

Place: _____

Date: _____