**ASSISTANT HIGH COMMISSION OF INDIA Photograph of the Applicant**

**NO 31, RAJAPIHILLA MAWATHA, PO Box 47,**

**KANDY**

**Tel: 081 2222652, 2223786, Fax 081 2224563 E-mail: cons.kandy@mea.gov.in**

**APPLICATION FORM FOR MISCELLANEOUS CONSULAR SERVICES**

Please specify the service applied for:

**[a) Life Certificate b) Sponsorship Certificate c) Attestation of document (s) d) NRI Certificate e) Attestation of Power of Attorney f) Attestation of Affidavit / Will g) Other service (Please specify)]**

1. Full Name :
2. Date of Birth :
3. Place of Birth :
4. CURRENT Passport Particulars: Passport No.: Place of Issue :

Date of Issue: Date of Expiry:

1. Visa Status :
2. Residential Address:

|  |  |
| --- | --- |
| In India | In Sri Lanka |
|  |  |
|  |  |
| Tel No.:  Email: |  |

1. Professional / Business Address:
2. Name of Spouse, Nationality, Passport Particulars:
3. I solemnly declare that the information given above is correct and nothing has been concealed and I am aware that it is an offence to knowingly furnish false information or suppress material information.

I have not lost, surrendered or deprived of my Indian citizenship and I am not in possession of any other passport or travel documents (applicable for Indian Passport Holder).

Place: Date: Signature of the Applicant