



APPLICATION FOR ISSUE OF AN INDIAN EMERGENCY CERTIFICATE

Please fill the form in CAPITAL LETTERS.

Please use DD/MM/YY format for date.

Please affix one recent photograph.(enclose 4 photos)

Fee: Euro 4/- (Euros Four only)

Full Name: _____

Aliases if any: _____

Maiden name (In case of married/widow/divorcee): _____

Father's: _____

Mother's name: _____

Spouse's name: _____

Date of birth: _____ Place of birth: _____

Village/Town: _____ Dist: _____ State: _____

Permanent Address in India:

Address in Portugal:

State: _____

Tel: _____

Nationality: _____

Profession: _____

Height (in meters) _____

Colour of eyes- **1.Black** ____ **2.Brown** ____ **3.Blue** ____ **4.Green** ____ **5.Others (specify)** _____

Colour of hair- **1.Black** ____ **2.Brown** ____ **3.Grey** ____ **4.White** ____ **5.Others (specify)** _____

Visible distinguishing mark _____

Particulars of Passport /travel document previously held:

PassportNo: _____ Date of Issue: _____ Place of issue: _____

If previous passport/travel document not attached please give reasons:

Reasons for applying for an Emergency certificate:



Please indicate whether you are returning to India at

a) your own cost , **b)** Government of India's cost, or **c)** the foreign Governments cost

Departure Details:

Departure date/time _____ By flight No. _____

From Lisbon to _____(Transit Destination)

Place of arrival in India/time: _____ by flight No _____

From: _____

(Thumb impression)
(Left for Male & Right for Female)

Photograph of Bearer

(Signature of Applicant)

Declaration of applicant:

I solemnly declare that I am a citizen of India/person of Indian origin. I have not voluntarily acquired citizenship of another country and I owe allegiance to India. I have not lost, surrendered or been deprived of citizenship of India. The information given by me in this form is true. Please give two specimen signatures and three thumb impressions in the space given below(left in case of a male and right in case of female)

(Signature / Thumb Impression)

Place: _____

Date: _____