



## **FORM B**

Embassy of India  
140 Hayarkon Street  
Tel Aviv, ISRAEL  
Email ID : [cons1.telaviv@mea.gov.in](mailto:cons1.telaviv@mea.gov.in)

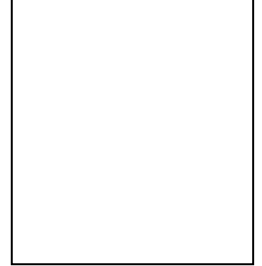
**ADDITIONAL FORM TO BE FILLED IN ALONGWITH AN APPLICATION FORM**  
**(To be filled in along with Passport Application by every applicant)**

Ref No: \_\_\_\_\_

Date: \_\_\_\_\_

To  
**RPO/PO/Embassy/High Commission/Consulate General of India,**

\_\_\_\_\_



**Subject: Issue of Passport in lieu of passport expiring shortly/lost/damaged**

*TO BE FILLED IN CAPITAL LETTERS*

Surname of the applicant: \_\_\_\_\_

First & Middle Name: \_\_\_\_\_

Name of Father: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Name of Mother: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Name of spouse: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Date & Place of Birth: \_\_\_\_\_

Nationality of applicant: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date of Issue & place of issue of Passport \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ PIN Code \_\_\_\_\_

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*Grateful for clearance/objection, if any, by return fax (00 972 736 5615) / E-Mail: [cons1.telaviv@mea.gov.in](mailto:cons1.telaviv@mea.gov.in)). In case no reply is received within 7 days, it will be presumed that you have no objection to grant of Fresh passport.*