

RECEIPT NO.:

ASSISTANT HIGH COMMISSION OF INDIA

MOMBASA

APPLICATION FOR MISCELLANEOUS SERVICES

Affix latest photo

1.	Full Name				
2.	Father/Husband Name				
3.	Date of Birth				
4.	Nationality		Place of Birth		
5.	Permanent Address in India, if any				
	Contact No.		Email ID		
6.	Present Address in Kenya				
	Contact No.		Email ID		
7.	Details of Current Passport	Passport No.		Date of Issue	
		Place of Issue		Date of Expiry	
8.	Details of OCI Card, if any	OCI Card No.		Date of Issue	
		Place of Issue		Date of Expiry	
9.	Services required: Please indicate (Tick)				
a.	Attestation of Documents				
b.	Affidavit (Please specify the purpose)				
c.	Police Clearance Certificate (Please specify country)				
d.	Power of Attorney				
e.	Renunciation				
f.	Other Miscellaneous Services				

Applicant/s please attach: Copy of Passport, Copy of OCI, Copy of Work Permit/Dependent Pass, One extra Photo

In case of Joint Affidavit/ Power of Attorney, details of each applicant may be provided overleaf

Date: ____/____/20____

Place: Mombasa

Thumb impression/ Signature of Applicant

FOR OFFICE USE ONLY			
Miscellaneous Service No.		Amount	
Date		Signature of official	

Applicant 02:

1.	Full Name					Affix latest photo
2.	Father/Husband Name					
3.	Date of Birth					
4.	Nationality		Place of Birth			
5.	Permanent Address in India, if any					
	Contact No.		Email ID			
6.	Present Address in Kenya					
	Contact No.		Email ID			
7.	Details of Current Passport	Passport No.		Date of Issue		
		Place of Issue		Date of Expiry		
8.	Details of OCI Card, if any	OCI Card No.		Date of Issue		
		Place of Issue		Date of Expiry		

Thumb Impression/Signature

Applicant 03:

1.	Full Name					Affix latest photo
2.	Father/Husband Name					
3.	Date of Birth					
4.	Nationality		Place of Birth			
5.	Permanent Address in India, if any					
	Contact No.		Email ID			
6.	Present Address in Kenya					
	Contact No.		Email ID			
7.	Details of Current Passport	Passport No.		Date of Issue		
		Place of Issue		Date of Expiry		
8.	Details of OCI Card, if any	OCI Card No.		Date of Issue		
		Place of Issue		Date of Expiry		

Thumb Impression/Signature