

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*

3



Type / Type / Tipo	Code / Code / Código	Passport No / No. du Passeport / No. de Pasaporte
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P USA

Surname / Nom / Apellidos

MAJUMDER
Given Names / Prénoms / Nombres

PRADIP KUMAR

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

03 Jul 1964

Place of birth / Lieu de naissance / Lugar de nacimiento

INDIA

Date of issue / Date de délivrance / Fecha de expedición

14 Apr 2017

Date of expiration / Date of expiration / fecha de caducidad

13 Apr 2027

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 51

561810597

Sex / Sexe / Sexo

M

Authority / Autorité / Autoridad

United States

Department of State

USA

[illegible]

5618105972USA6407036M2704139614130398<188408

PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING
PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S ADDRESS IN THE UNITED STATES:

ADRESSE DU TITULAIRE AUX ETATS-UNIS:

DIRECCION DEL PORTADOR EN LOS ESTADOS UNIDOS:

44 Washington St, A-801

Brookline, MA 02445.

BEARER'S FOREIGN ADDRESS:

ADRESSE DU TITULAIRE A L'ETRANGER:

DIRECCION DEL PORTADOR EN EL EXTRANJERO:

Villa # 16 A, Krishna Kutex White House

FCI Main Rd, Whitefield, Bangalore

India-560067

IN CASE OF EMERGENCY, NOTIFY THE NEAREST AMERICAN EMBASSY OR CONSULATE
OR THE STATE DEPARTMENT OFFICE OF AMERICAN CITIZENSHIP SERVICES AND CRISIS
MANAGEMENT, AT 202-647-5225, AND THE EMERGENCY CONTACT YOU NAME BELOW.

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE
PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS ET DE REPONSE
AUX CRISES DU DEPARTMENT D'ETAT, AU 202-647-5225, AINSI QUE LA PERSONNE QUE
VOUS DESIGNEZ CI-DESSOUS.

EN CAS DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS
UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS Y GESTION
DE CRISIS, DEPARTAMENTO DE ESTADO, POR EL TELEFONO 202-647-5225. Y A LA PERSONA
QUE SE INDICA A CONTINUACION.

Name / Nom / Nombre

Address / Adresse / Direccion

Telephone / Téléphone / Teléfono

IMPORTANT INFORMATION REGARDING YOUR PASSPORT

THIS PASSPORT IS NOT VALID UNLESS SIGNED BY THE BEARER IN THE
AREA DESIGNATED ON PAGE THREE.

IT IS UNLAWFUL for any person other than the original, lawful recipient to use
this passport. Use of this passport in contravention of passport regulations or
of the conditions or restrictions set out in the passport, or for travel to countries
where a U.S. passport is not valid is a felony (Title 18, U.S. Code, Section 1544).
For further information, contact the nearest U.S. embassy or consulate, or the
Department of State, Office of Passport Policy and Legal Advisory Services, at
the telephone number listed at www.travel.state.gov

U.S. GOVERNMENT PROPERTY This passport is the property of the United
States (Title 22, Code of Federal Regulations, Section 51.9), it must be
surrendered upon demand made by an authorized representative of the United
States Government.

LOSS OR THEFT The loss, theft, or destruction of a passport should be reported
immediately to local police authorities and to Passport Services, CLASP Unit,
Washington, D.C. 20522-1705, or, if overseas, to the nearest U.S. embassy or
consulate. Your passport is a valuable citizenship and identification document.
It should be carefully safeguarded.

ALTERATION OR MUTILATION OF PASSPORT This passport must not be
altered or mutilated in any way. Alteration could make the passport invalid,
and if willful, may subject you to prosecution (Title 18, U.S. Code, Section
1543). Only authorized officials of the United States or of foreign countries may
place stamps or make notations or additions in this passport. You may amend
or update personal information for your own convenience on the adjoining
PERSONAL DATA AND EMERGENCY CONTACT page.

Visas

Let us raise a standard to which

the wise and honest can repair.
George Washington

Visas





OTHER ARE NO OFFICIAL OBSERVATIONS



Holder's signature/Signature du titulaire (10)



UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND	
PASSPORT	Type/Type
PASSEPORT	P
	Code/Code
	GBR
	Passport No./Passport No.
	121567176

PASSPORT
PASSPORT
PASSPORT

Type/Type
PCode/Code
GBR

Passport No./Passport No.
121567176

Surname/Name (1)

RATHI

Given names/Prenoms (2)

BHARTI

Nationality/Nationalité (3)

BRITISH CITIZEN

Date of birth/Date de naissance (4)

09 AUG /AOUT 67

Sew/Sore (5) Place of birth/lieu de naissance (6)

F
MEERUT

Date of issue/Date de diffusion (7) Authority/Autorité (8)

21 OCT / OCT 20 HMPD

Date of expiry/Date d'expiration (3)

21 OCT / OCT 30

[illegible]



ARAB REPUBLIC OF
EGYPT

يشمل هذا الجواز ٥٢ صفحة
This Passport contains 52 Pages



Type / النوع Country Code / رمز البلد Passport No / الجواز
P EGY A40694841

A4U694841
الإسم
أيمن يونس فتحي علام

Full Name
AYMAN YOUNES FATHY ALLAM

Date of Birth	Place Of Birth	مكان الميلاد	تاريخ الميلاد
05/12/1985	MONOFIYA	المنوفية	١٩٨٥/١٢/٠٥
Nationality	Sex	النوع	الجنسية
EGYPTIAN	M	ذكر	مصري
Date of Issue	Date of Expiry	تاريخ الانتهاء	تاريخ الإصدار
09/02/2025	08/02/2032	٢٠٣٢/٠٢/٠٨	٢٠٢٥/٠٢/٠٩
Issuing Office			جهة إصدار الجواز
27			٢٧

الرقم القومي: ٢٨٥١٢.٥١٧.١٩١٣
الوظيفة/المهنة: استاذ مساعد بكلية الزراعة ج منفوية
Profession: ASSISTANT PROFESSOR

الموقف التجديدي: غير مطلوب
العنوان: البر الشرقي شبين الكوم المنوفية



P<EGYALLAM<<AYMAN<YOUNES<FATHY<<<<<<<<<<<<<<<
A406948414EGY8512051M3202089<<<<<<<<<<<<<<<<04

NEW ZEALAND / AOTEAROA

Passport No. / Tax Uruwihewa

P	NZL
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LT779305

*Sauriarnie / Ingga wihariu*

SHEPHERD

Given names / Ingoa ake

MICHAEL DAVID

Nationality / hai tōturu

NEW ZEALAND

Date of birth / RA wheatus

Save / Name: MyLibrary

24 DEC 1971

M

Race of birth / Wāhi whānau

HAMILTON

Date of issue / Rå tvingande

Date of expiry / RA muturanga

22 NOV 2019

22 NOV 2029

authority / Tie Mana Yellu

DIA WLG

P<NZLSHEPHERD<<MICHAEL<DAVID<<<<<<<<<<<<<<<<<
LT779305<5NZL7112247M2911227<<<<<<<<<<<<<<<02

LT779305<5NZL7112247M2911227<<<<<<<<<<<<<02



STATE OF ISRAEL מדינת ישראל

Page No. / Date

ISR

39019102



76390 CW

Given name

צ'רנוביל

AHARON JEHUDA

אהרן! יהודה

Nationality

1999

ISRAELI

ישראלית

Date of birth (תאריך לידה)

LD. No. / NEW YORK

01/10/1947

0-0624340-6

Sex / PD

Place of birth

מקום לידה

M / T ISRAEL

ישראל

Date of issue / תאריך הוצאה

Date of expiry / ʔm̩n̩ ʔm̩p̩s̩ ʔm̩w̩t̩

27/01/2019

26/01/2029

Authority - I.C. Passport in

- 2 SPALTY NADNO - POKON

JERUSALEM

ירושלים

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शुद्धि ११७७

राष्ट्रीयता / Nationality
भारतीय / INDIAN

पासपोर्ट न. / Passport No.

V 6446183

उपनाम / Surname



दिया गया नाम/ Given Name(s)

MUHAMMAD AFZAL

जन्मतिथि / Date of Birth

11/01/1986

जन्म स्थान/ Place of Birth

SAHARANPUR, UTTAR PRADESH

जारी करने का स्थान/ Place of Issue

RIYADH

जारी करने की तिथि/ Date of Issue

09/03/2022

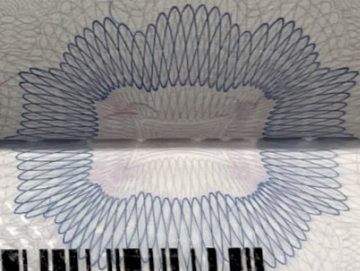
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08/03/2032

P<IND<<MUHAMMAD<AFZAL<<<<<<<<<<<<<<<<<<<<<<<<<<<<
V6446183<1IND8601115M32030862074638750322<78



V6446183

पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian

MUHAMMAD GUFARAN

माता का नाम / Name of Mother

ISHARAT JAHAN

पति या पत्नी का नाम / Name of Spouse

FARHA ZAZEER

पता / Address

VILL LABKARI

PO DEOBAND, SAHARANPUR

PIN: 247554, UTTAR PRADESH, INDIA

पुराने पासपोर्ट का न. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

K8076083

10/12/2012

GHAZIABAD

फाइल नं. / File No.

SB2074638750322

SEE OBSERVATIONS BEGINNING ON
PAGE 5 (IF APPLICABLE)

VOIR LES OBSERVATIONS DÉBUTANT À
LA PAGE 5 (LE CAS ÉCHÉANT)

Signature of bearer - Signature du titulaire

ELT 96100

7 6 4 6 2 0

CANADA

Issuing Country/Pays émetteur
CAN

AL646204

SINGHAL

NALINI

CANADIAN/CANADIENNE

01 JUNE/JUIN 48

Sex/Sexe

F MEERUT IND

Date of issue/Date de délivrance

31 JAN / JAN 20

Date of expiry/Date d'expiration

31 JAN / JAN 30

Issuing Authority/Autorité de délivrance
CALGARY

6196100

[illegible]

AL646204<9CAN4806015E3001710

ENDORSEMENTS AND LIMITATIONS
This passport is valid for all countries unless otherwise specified. The bearer must comply with any visa or other entry regulations of the countries to be visited.

MENTIONS ET RESTRICTIONS

MENTIONS ET RESTRICTIONS
Ce passeport est valable pour tous les pays, sauf indication contraire. Le titulaire doit se conformer aux formalités relatives aux visas ou aux autres formalités d'entrée des pays où il a l'intention de se rendre.

VOIR LES OBSERVATIONS DÉBUTANT À
LA PAGE 5 (LE CAS ÉCHÉANT)

Signature of bearer - Signature du titulaire

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PASSPORT
PASSEPORT

CANADA



Issuing Country/Pays émetteur

P

CAN

Passport No./N° de passeport

AM299300

Surname/Nom

MCMILLAN

Given names/Prénoms

DOUGLAS DONALD

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

14 DEC /DÉC 46

Sex/Sexe

Place of birth/Lieu de naissance

M

CALGARY CAN

Date of Issue/Date de délivrance

26 SEPT/SEPT 22

Date of expiry/Date d'expiration

26 SEPT/SEPT 32

Issuing Authority/Autorité de délivrance

CALGARY SOUTH

END 69604

P<CANMCMILLAN<<DOUGLAS<DONALD<<<<<<<<<<<<<<<
AM299300<1CAN4612148M3209262<<<<<<<<<<<<<<02

REPUBLIC OF UZBEKISTAN

VISA No. 4599567

TURI A-2

TYPE

FROM

09.12.2025

DAN
UNTIL

08.12.2026

GACHA

SAFARLAR SONI

4 (four)

NUMBER OF ENTRIES

364

ISTIQOMAT MUDDATI

DURATION OF STAY

BERILGAN JOYI

ISSUED IN

Toshkent shahri

KUN

DAYS

VAOTI

ON 09.12.2025

PASPORT RAQAMI

R0210776

PASSPORT No.

IZOH

REMARKS



भारत गणराज्य

श्री गणेशाय नमः / Country Code

R0210776

QUESTIONS / Questions

ATHER

पिपर गण मन्त्र / Given Name(s)

DANISH

Program / Nationality

भारतीय / INDIAN

Thin / Sex

3

22/11/1979

ગામ રજા / Place of Birth

MORADABAD, UTTAR PRADESH

गांधी कर्मने का स्थान / Place of 154004

BAREILLY

जारी करने की तिथि / Date of Issue

15/05/2017

14/05/2027

[illegible]

R0210776<2IND7911222M2705147<<<<<<<<<<<<<

ADARSH SHREYAS SERVICE



R0210776

पिता / वरिष्ठ अधिकारी का नाम / Name of Father / Legal Guardian

ATHER ALI

माता का नाम / Name of Mother

SHEEREN GUL

हस्ताक्षर का नाम / Name of Signature

NAHID ATHER

स्थान / Address

F 16 DR ATHER ALI MARG GUINEA BAGH

PS MUGALPURA, MORADABAD

PIN:244001,UTTAR PRADESH,INDIA

प्राप्त तिथि का दिनांक / Date of Receipt / Old Passport No. / Iss. Date and Place of Issue

H2157438 19/12/2008

BAREILLY

प्राप्त ति. / File No.

BL1071025705817