Photo(3x3 cms with 75% area covered with image of the face) front attested by sponsoring Authority to be pasted

FORM-A

For officials of Central Govt. / State Governments /
UT Administrations and their attached / Subordinate
offices and Undertakings/ Autonomous Bodies
owned or controlled by them.

Photo (3x3 cms with 75% area covered with image of the face) to be pasted here (Not to be attested.)

(Signature of the Applicant in the box above)

	Type of Identity Card	d by Applicant) Category of Employee	
	(i) Central Government	Regular/Casual/ Departmental Employee	
	(ii) State Govt/ UT Administration.	I DOWN LINE IN THE PROPERTY OF	
	(iii) Corporation/ Undertaking/ Regular/Casual/ Departmental		
02.	Name of the Applicant (IN CAPITAL LETTERS)	Service Personnel	
03.	Designation		
)4.	Pay Scale/Pay Band		
5.	Grade Pay (wherever applicable)		
6.	(a) Ministry/ State Government (b) Department/ Public Undertaking		
7.	Plong Group		
8.	Address of Place of Working		
	Date of Birth		
	Telephone Numbers : OFF:	RES:	
	Father's / Husband's Name		
	Date of Superannuation		
	Mark of Identification		
	Gazetted/Non-Gazetted		
	Reasons for Issue		
	i) Renewal	(ii) Loss/Mutilation	
	iii) Change in designation	iv) Fresh appointment	
	v) Transfer	(vi) Any other (specify)	
er has been	rtified that the aforesaid information is ted is hereby enclose reported to the Police vide receipt No. at whichever is inapplicable).	correct. 2. The old Identity card No.	

PART-II (To be certified by the Sponsoring Authority)

(i) The information furnished by the applicant has been verified to be correct and has been entered in the register in Form 'A' maintained for this purpose; (ii) The good conduct certificate is enclosed (in case of photo passes for casual labour / daily wagers); (iii) I am the authorised sponsoring authority for issue of photo passes for the Ministry / Department (iv) Duplicate copy of the requisition has been kept in the folder for records; (v) Approval of the competent authorities has been obtained. (DELETE WHICH-EVER IS INAPPLICABLE)

TYPE	COVERAGE OF BUILDING	BEDVOD
(i)	OPEN for all Buildings under MHA Security Zone	PERIOD 5/1 Year
(ii)	Restricted for [Specify name(s) of the building(s)]:	5/1 Year
	(1)	3/1 Year
	(2)	40 (1)
(iii)	Reason (Fresh / Renewal/ Loss/ Change in Designation	75

Secret Seal of the Ministry / Department

Name and Signature of the Sponsoring Authority

	Designation (Stamp with Telephone No.) Code No.
-	
	MHA (SSO-PASS CELL)
	RETURNED IN ORIGINAL WITH REMARKS THAT-
1.	
2.	The requisition form is incomplete (SL No of Part-I)
3.	
4.	The requisition has not been received along with the copy of challan in Form 'B'.
5.	The secret seal of the concerned Department / Ministry has not been put on the form. Name / Designation / Telephone No. & Name of the sponsoring authority has not been mentioned in the form.
6.	
7.	The requisition is not sponsored by the authorised officer. The requisition form is not accompanied by the
	(i) old photo pass
	(ii) bank challan for Rs. (10/-)/(20/-)/(30/-)/ (40/-)/(50/)
	(iii) copy of Police Report (FIR)
•	(iv) receipt from MHA Sepoy
3.	(vi) copy of order (appointment/transfer/change of designation). The official is not entitled to restricted / open pass.
)	Recommendation of JS (Admn) of the concerned Ministry/Department may please be obtained.
	be obtained distance of the concerned Ministry/Department may please

SECTION OFFICER (PASS CELL)