

**GOVERNMENT OF INDIA
MINISTRY OF COMMUNICATIONS & I.T.
DEPARTMENT OF TELECOMMUNICATIONS**

Photo (3 x 3 cms)
front attached by
sponsoring
authority
to be pasted here.

APPLICATION FORM FOR OFFICIALS

(TEMPORARY PASS)

Part-I

(To be filled by the applicant)

Photo (3 x 3 cms)
to be pasted here.
Not to be
(attached)

01.	TYPE OF IDENTITY CARD (TICK, AS APPLICABLE)	CATEGORY OF EMPLOYEE (TICK, AS APPLICABLE)													
	(i) CENTRAL GOVERNMENT	REGULAR	DEPARTMENTAL EMPLOYEE												
		CASUAL	SERVICE PERSONNEL												
	(ii) STATE GOVT./UT ADMINISTRATION	REGULAR	DEPARTMENTAL EMPLOYEE												
	CASUAL	SERVICE PERSONNEL													
	(iii) CORPORATION/ UNDERTAKING	REGULAR	DEPARTMENTAL EMPLOYEE												
		CASUAL	SERVICE PERSONNEL												
02.	NAME OF THE APPLICANT (IN CAPITAL LETTERS)														
03.	DESIGNATION														
04.	(a) MINISTRY/ STATE GOVERNMENT (b) DEPARTMENT (c) PUBLIC UNDERTAKING														
05.	ADDRESS OF PLACE OF WORKING														
06.	TELEPHONE NUMBERS:	OFF:											RES:		
07.	FATHER'S/ HUSBAND'S NAME														
08.	MARK OF IDENTIFICATION														
09.	GAZETTED/ NON-GAZETTED														
10.	REASONS FOR ISSUE														
	(i) RENEWAL	(ii) LOSS/ MUTILATION													
	(iii) FRESH/ CHANGE OF DESIGNATION	(iv) TRANSFER													

Certified that the aforesaid information is correct.

Signature of the Applicant: _____

Date: _____

11-8/2002-(1-1)

PART-II

(To be certified by the Sponsoring Authority)

(i) The information furnished by the applicant has been verified to be correct (ii) I am the authorised sponsoring authority for issue of photo passes for the Ministry / Department (iii) duplicate copy of the requisition has been kept in the folder for records; (iv) Approval of the competent authorities has been obtained.

COVERAGE OF BUILDING		PERIOD			
Open for all Buildings under MHA security Zone		1 Month/ 2 Month			
Restricted for (Specify name of the building's)		1 Month/ 2 Month			
(1)					
(2)					
Reason	Fresh	Renewal	Loss/Mutilation	Transfer	Change of Desi
(Tick, as applicable)					

Secret Seal of the Department

Under Secretary (T)
Tele. No. 23096300

**MHA(ZONAL SUPERVISOR)
RETURNED IN ORIGINAL WITH REMARKS THAT-**

1. The requisition form is incomplete (Sl No. _____ of part-I)
2. Part-II of the requisition form has not be filled up.
3. The requisition has not been received along with the copy of challan in Form 'B'.
4. The Secret seal of the concerned Department/ Ministry has not been put on the form.
5. Name/ Designation/ Telephone No. & Name of the sponsoring authority has not been mentioned in the form.
6. The requisition is not sponsored by the authorised officer.
7. The requisition form is not accompanied by the old pass/ bank challan / copy of police report/ receipt from MHA Sepoy/ photos of 3x3 cms. (one/two)
8. The official is not entitled to restricted/ open pass.

ZONAL SUPERVISOR