

Photo (3X3 cms) front attested by sponsoring authority to be pasted here

**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) to be pasted here (not to be attested)

(Signature of the Applicant in the box above)

**PART - 1**  
**(To be filled by Applicant)**

01	<b>Type of Identity Card</b>	<b>Category of Employee</b>
	(i) Central Government	Regular/Casual/Departments Employee/ Service Personnel
	(ii) State Govt/UT Administration	Regular/Casual/Departments Employee/ Service Personnel
	(iii) Corporation/ Undertaking/ Autonomous Body	Regular/Casual/Departments Employee/ Service Personnel
02	Name of the Applicant (IN CAPITAL LETTERS)	
03	Designation	
04	Pay Scale/Pay Band	
05	Grade Pay (wherever applicable)	
06	(a) Ministry/State Government (b) Department/Public Undertaking	
07	Blood Group	
08	Address of Place of Working	
09	Date of Birth	
10	Telephone :	
11	Father's/ Husband's Name	
12	Date of Superannuation	
13	Mark of Identification	
14	Gazetted/ Non-Gazetted	
15	Reasons for Issue	
	(i) Renewal	(ii) Loss/Mutilation
	(iii) Change in designation	(iv) Fresh appointment
	(v) Transfer	(vi) Any other (specify)

1. Certified that the aforesaid information is correct.

2. The old Identity Card No. \_\_\_\_\_ dated \_\_\_\_\_ is hereby enclosed or the old Identity Card is lost and the matter has been reported to the Police vide receipt No. \_\_\_\_\_ dated \_\_\_\_\_ enclosed. (Delete whichever is inapplicable)

Signature of the Applicant \_\_\_\_\_

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

## 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 laour/ 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	PERIOD
(i)	OPEN for all Buildings under MHA Security Zone	5 / 1 Year
(ii)	Restricted for [Specify names(s) of the building(s)]	5 / 1 Year
(iii)	Reason (Fresh/ Renewal/ Loss/ Change in designation/ Transfer)	

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. The requisition form is incomplete (Sl. No. \_\_\_\_\_ of Part-I)
2. Part-II of the requisition form has not been 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
  - (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
  - (v) photos of 3x3 cms.s (one/two) with 75% area covered with image of the face.
  - (vi) copy of order (appointment/transfer/change of designation).
8. The official is not entitled to restricted /open pass.
9. Recommendation of JS(Admn) of the concerned Ministry/Department may please be obtained.

SECTION OFFICER (PASS CELL)