

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-I (To be filled by the Applicant)

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

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 herewith. (Delete whichever is inapplicable).

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

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

(To be filled 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 WHICHEVER IS INAPPLICABLE)

COVERAGE OF BUILDING				PERIOD	
OPEN for all Buildings under MHA Security Zone				5 Years	1 Year
Restricted for [Specify name(s) of the building(s)] :				5 Years	1 Year
(1)					
(2)					
Reason :	Fresh	Renewal	Loss	Change in Designation	Transfer

(Tick, as applicable)

Secret Seal of the Ministry / Department

Name and Signature of  
the Sponsoring AuthorityDesignation (Stamp with Telephone No.)  
Code No. \_\_\_\_\_

**MHA (SSO-PASS CELL)  
RETURNED IN ORIGINAL WITH REMARKS THAT-**

- The requisition form is incomplete (Sl. No. \_\_\_\_\_ of Part I)
- Part-II of the requisition form has not be filled up.
- The requisition has not been received along with the copy of challan in Form 'B'.
- 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.
- The requisition is not sponsored by the authorised officer.
- The requisition form is not accompanied by the old photo pass / bank challan/ copy of police Report / receipt from MHA Sepoy / photos of 3x3 cms. (one/two).
- The official is not entitled to restricted / open pass.

INCHARGE (PASS CELL)