

INSTRUCTIONS FOR PRINTING AND FILLING THE FORM

Printing:

This application is a one sheet, two page form and must be printed back to back on A4 (297 mm x210 mm) paper and submitted in duplicate.

The size of Boxes (3 cm X 3 cm) for pasting photographs will vary if wrong size of paper is set or scaling is done. MHA will finally reject such applications.

Follow the steps below to print in its correct size:

Click to print, a window will open. Click PROPERTIES, change paper size to A4. Uncheck shrink and expand in Acrobat 5; Select Page scaling = None in Pdf 6 or higher as no scaling is allowed. Print preview window must show Zoom = 100%. Click OK to print.

Filling:

Clip 3 photographs of size 3cm X 3cm photographs. Pasting will be done by security section.

Enclose two copies of all necessary documents. One copy will be sent to MHA while the second will be retained in section as record and reference.

Application will be rejected if any cutting, overwriting or writing after applying white fluid is there.

Sr. T D & CHIEF SECURITY OFFICER

Photo (3x3 cm)
Front attested
by
Sponsoring
Authority
to be pasted
here

FORM-A

For Officials of Central Government / State Government /
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.)

PART-I

(To be filled by the Applicant)

(Signature of the Applicant
in the box above)

01.	Type of Identity Card	Category of Employee (Tick as applicable)																	
	(i) Central Government	Regular / Casual / Departmental Employee / Service Personnel																	
	(ii) State Government / UT Administration	Regular / Casual / Departmental Employee / Service Personnel																	
	(iii) Corporation/Undertaking/ Autonomous Body	Regular / Casual / Departmental 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 Numbers:	Office :					Res:												
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 / Multilation																	
	(iii) Change of designation	(iv) Fresh appointment																	
	(v) Transfer	(vi) Any other (specify)																	

1. Certified that the aforesaid information is correct.
2. The old Identify 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 filled by the Sponsoring Authority)

- (i) The information furnished by the applicant has been verified to be correct and has been entered in the 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 authorized sponsoring authority for the 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 authority has been obtained.

(DELETE WHICHEVER IS NOT APPLICABLE)

COVERAGE OF BUILDING				PERIOD	
OPEN for all Buildings under MHA Security Zone				5 Years	1 year
Restricted for [Specify names(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 Authority**

**Designation (Stamp with Telephone No.)
Code No. M-2801**

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 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 authorized officer.
7. The requisition form is not accompanied by the old photo pass / bank challan / copy of the police Report / receipt from MHA Sepoy / photos of 3x3 cm. (one/two).
8. The official is not entitled to restricted / open pass.