

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 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	1 Month / 2 Months
Restricted for [Specify name(s) of the building(s): (1) (2)	1 Month / 2 Months
Reason:	Fresh Renewal Loss

(Tick, as applicable)

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 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 photo pass / bank challan / copy of police Report / receipt from MHA Sepoy / photos of 3 x 3 cms. (One/two).
8. The official is not entitled to restricted/open pass.

INCHARGE (PASS CELL)

PART – II

(To be filled by the Sponsoring Authority)

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(DELETE WHICHEVER IS INAPPLICABLE)

COVERAGE OF BUILDING				PREIOD	
OPEN for all Buildings under MHA Security Zone				5 Years	1 Years
Restricted for [Specify name(s) of the building(s)]:				5 Years	1 Years
(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. _____

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