

GOVERNMENT OF INDIA DEPARTMENT OF ELECTRONICS & INFORMATION TECHNOLOGY ELECTRONICS NIKETAN, 6 C.G.O COMPLEX, NEW DELHI – 110003

APPLICATION FORM FOR NON-OFFICIAL (TEMPORARY PASS) TO BE FILLED ONLY IN CAPITAL LETTERS

PART-I
(To be filled by the applicant)

Photo (3x3 cms with 75% area covered with image of the face) to be pasted here front attested by sponsoring Authority

Photo (3x3 cms with 75% area covered with image of the face) to be pasted here (Not to be attested)

(Signature of the Applicant in the box above)

					47			
•	Name (Block Letters)	(Fin	st Name)	(M	liddle Na	ime)	(Surname)
	Pather's/Husband's (Block Letters)	(Fin	st Nam	9) .	(N	liddle N	ame)	(Surname)
					5/37	1-11/15	9	
	Date of Birth	D	D.	M	M	. Y	Y	
		M	F					
	Sex	(Tick ap	propria	te Box)				
	Mark of Identification							
								•
	Name of the FIRM you are asso with (as an employee/ Office be in other capacity) Designation of employee / labour/ daily wager.	earer or						
	Section/Division in which work	ing					•	
	Name & Official address and To	elephone	No.					
	contractor/ Agency. Mobile No.							
	Period for which required							
0.	Permanent Residential Address	&						
	Telephone No.							
	PARAMANA A TVE							
1.	Local Address & Telephone No (in case of native out of Delhi)							
20								



	Name & Address of Relat	ive (s)		
	in Delhi with telephone No	o. if any	•	
13.	Name and Address of Prev			
	Employer.			
14.	Whether renewal/fresh/los	t/Mutilation		and the second s
15.	Whether prosecuted under Case in the past.	any criminal	Personal	
16.	Whether police verification	has been done or not		
Note:	-The following documen	t must be enclosed with	the application for	
	 Copy of valid cont Names of the labout Character certificat 	ners specified by the contra e from a Gazetted Officer of	ector on letter head of the Police Authorities.	e Company/Firm.
Date :			Mobile No. Intercom No	Signature of Applican
				젊은 [1] 항상 [1] 하는 [1] 다른 [1] 하는
		PART-II		
		PART-II CERTIFIC		
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Signature of DD(Genl. Admn)/JD(Bldg)/AE(E)/Controlling Officer
Name______
Designation_____
Division____
Rubber Stamp