

FORM - A

For Officials of Central Governments/ State Governments/ UT Administrations and Their attached/ Subordinate offices and Undertaking/ Autonomous Bodies owned or controlled by them

Photo (3X3 cms with 75% area covered with image of the face) front attested by snonsorinn

Photo (3X3 cms with 75% area covered with image of the face) to be pasted here (Not to be

Reference No. 190740024570

(Signature of the Applicant in the box above)

PART -1

(To be filled by Applicant)

01.	Type of Identity Card	Central Government
02.	Category	Regular
03.	First Name	PEYUSH
04.	Last Name	AGARWAL
05.	First Name in Hindi	पीयूष
06.	Last Name in Hindi	अग्रवाल
07.	Designation	SCIENTIST B
08.	Designation in Hindi	वैज्ञानिक बी
09.	Pay Commission	7th CPC
10.	Pay Scale / Pay Band	
10 (a).	Grade Pay (wherever applicable)	
11.	Ministry/ State Government Department/ Public Undertaking	MEITY/NIC एम.ई.आई.टी.वाई./एन आई सी
12.	Blood Group	B+
13.	Address of Place of Working	A Block CGO Complex Lodhi Road New Delhi 110 003 India
14.	Date of Birth	31/01/1990
15.	Telephone Numbers : Office	01124305374
16.	Telephone Number : Res	9811861298
17.	Father's/ Husband's Name	L N AGARWAL
18.	Date of Superannuation	31/01/2050
19.	Mark of Identification	Mole on Chest
20.	Gazetted / Non-Gazetted	Gazetted
21.	Reasons for Issue	Fresh Appointment

1. Certified that the aforeasaid information is correct. 2. The Old Identity card No. is here by enclosed or the old Identity Card is lost and the matter has been reported to the Police vide receipt No. enclosed. (Delete whichever is inapplicable).

Signature of 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 labor / daily wagers); (iii) I am the authorized 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 name(s) of the building(s)]: (1) (2)	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. _____

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