OFFICE OF THE
DEPUTY COMMISSIONER
BOMDILA

APPLICATION FORM FOR TEMPORARY INNERLINE PASS FOR RELATIVES OF GOVT. EMPLOYEE

1. Name of the applicant (**Full Name**)**:** Shri/Smti/Miss

2. S/O, D/O, W/O

3. Permanent Address

Village/Town	
Post Office	
Police	
District	
State	

4. Present Address

Village/Town	
Post Office	
Police Station	
District	
State	

5. Name of Departmentt /place of posting : - _____

6. Identity Proof attached
(Identity Card / Ration Card / LPG Card / AADHAR Card) : - _____

7. Relationship with Govt. servant : - _____

8. Name of the District intending to visit : - _____

9. Name of the persons entering A.P. : -

1.	
2.	
3.	
4.	
5.	

10. Purpose of visit : -

11. Permit required w.e.f.
(From which date required) : -

Dated:-

Signature of applicant