## OFFICE OF THE DEPUTY COMMISSIONER BOMDILA

| APPLICATION FORM FOR TEMPORARY INNERLINE PASS TO CASUAL VISITORS  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
|---|--------|-----------|--------|----------|-------|------|---|---|-------------|---------|---|---|---|--|---|---|---|-----|-----|------|---------|------|-----|---|--------|
| 1. Name of the applicant (Full Name): Shri/Smti/Miss              |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
|   |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| 2. S/O, D/  | O, W   | //O       |        |          |       | I    |   |   | II.         | I       |   |   |   |  |   |   |   | L   | L   |      |         |      |     |   | I      |
|   |        |           |        |          |       |      |   |   |             |         |   |   |   |  | T |   |   |     |     |      |         |      |     |   |        |
|   |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| 3. Perman   | ent A  | Addı<br>İ | ress   | <u> </u> |       | _    | _ | _ |             | _       |   |   | _ |  |   | _ | - |     |     | 1    | _       | _    |     |   | $\neg$ |
| Village/Town Post Office  |        |           |        |          |       |      |   |   |             |         |   |   | + |  |   |   |   |     |     |      | +       |      |     |   |        |
| Police  |        |           |        | +        |       |      |   | + |             |         |   | + | + |  | + |   |   |     |     |      |         |      |     |   |        |
| District  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| State   |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| 4. Present  | Add    | ress      | <br>S  | •        | ,     |      |   |   |             |         | _ |   |   |  |   |   |   |     | •   | •    |         |      |     |   |        |
| Village/Town  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| Post Office   |        |           |        |          |       |      |   | 1 |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| Police Station  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   | 4      |
| District  |        | _         |        |          |       | +    |   |   |             | $\perp$ |   |   |   |  |   |   |   |     |     |      | $\perp$ |      |     |   | _      |
| State   |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| report.  7. Relationshi  8. Name of th  9. Name of th             | e Dis  | strict    | t inte | endiı    | ng to | visi | t | : | -<br>-<br>- |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   | _      |
| 1.  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| 2.  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| 3.  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
|   |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| 4.  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| 5.  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| 10. Purpose   | of vis | sit       |        |          |       |      |   | : | -           |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| 11. Permit red<br>(From which d                                   |        |           |        | <b>)</b> |       |      |   | : | _           |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
| Dated:-   |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |
|   |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   | _ |     |     | _    | ,       |      | _   |   |        |
| Recommendation by:<br>(Village: - G.B / Town: - Bazaar Secretary) |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   | S | ign | atu | re ( | ot a    | ppli | can | t |        |
| Name : -  |        |           |        |          |       |      |   |   |             |         |   |   |   |  |   |   |   |     |     |      |         |      |     |   |        |

Designation : -