

SPARK FORM NO.4

REQUEST FOR USER AUTHENTICATION BY SDOs AND NGOs (To be counter signed by superior officer)

1	Name of Department		
2	Name Employee		
3	PEN		
4	Designation		
5	Whether SDO	YES	NO
6	Scale of Pay		
7	Office		
8	Place of office		
9	Post Office		
10	District		
11	PIN Code		
12	Office Phone Number		
13	Residence Phone Number		
14	Mobile Phone Number		
15	Email ID		
The SDOs are required to furnish the following additional information			
16	SDO Code		
17	GE Number		
18	Treasury Specimen Card Numbers		
19	Head of Account for Salary		

Declaration to be signed by the applicant

I, _____(Name) _____

(Designation) here by declare that the above information furnished by me are correct and undertake that I shall use my user authorisation and privileges only for the purposes intended by the SPARK System and in accordance with the user instructions and password policy for using SPARK. I also undertake that I shall not disclose my password for using the SPARK system to others.

Place : _____
Date : _____

Signature and Name of
Employee

Counter Signed by Superior Officer

Place : _____
Date : _____

Name and Designation of
the Counter Signing Officer

INSTRUCTIONS FOR SUBMISSION

- The Self Drawing Officers required to submit this form to the DMU concerned for SDO Authorisation in SPARK System (for processing SDO Bills)
- The Non Gazetted Employees required to submit this form to the Drawing and Disbursing Officer / or the Establishment Officer concerned for individual user authentication.

FOR OFFICE USE

Authentication Type Allotted : _____
Authentication Allotted on (Date): _____

Allotted By (Name, Designation, PEN and Signature of allotting authority)