FORM 5.0

Application Form for Setting Controlling Officer in SPARK

Department	:
District	:
Office Name	:
Name and PEN of DDO/Controlling officer	:
Date of Joining of Present DDO	:
Contact Number of DDO	:
I(Name)(Designation) hereby declare that the above information furnished by me are correct and undertake that I shall use my user authentication and privileges only for the purposes intended by the SPARK System and in accordance with the user instructions and password policy for using SPARK system.	
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Signature of the DDO/Controlling officer

Duly filled this form and send via E-mail to info@spark.gov.in

Note: Make sure that your authorization is changed to your DDO's PEN