

**Directorate of Construction, Services & Estate Management  
(Enforcement Section)**

I/we, undersigned have recommended to issue a photo pass to the applicant whose particulars are mentioned at (B) below, as, I/we would like to appoint him/her as ..... His/Her attested photograph is affixed below on the application. I/We hereby undertake the responsibility of character & antecedents and behaviour of the below mentioned Service Provider in Anushaktinagar/ Mandala Township.

(A1) Name :  
Design/Divn./Unit :  
Residential Address :  
Telephone/Mobile No. :  
Signature of recommending Officer :

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(A2) Name :  
Design/Divn./Unit :  
Residential Address :  
Telephone/Mobile No. :  
Signature of recommending Officer :

***(For Non-Deptt. Person only)***

(B) Kindly make arrangement to issue a photo pass whose particulars are mentioned below:

Name : .....  
Age/Date of Birth : .....  
Address : .....  
Identification Mark : .....  
Identity proof with number : .....  
Purpose : .....  
PVC number & date of issue of PVC : .....  
Signature of Applicant & Date : ..... Signature of .....  
Recommending Officer

Affix Passport  
Size  
Photograph  
duly attested

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(C) **(Enforcement Section)**

Pass No. .... Issued on dt..... is valid upto  
.....

Assistant Personnel Officer

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Documents enclosed :

- 1.
- 2.
- 3.
- 4.

**UNDERTAKING REGARDING NON-INVOLVEMENT  
IN CRIMINAL ACTIVITIES**

This is to certify that the undersigned residing at .....

.....  
.....

(Full address) has been employed/appointed as .....

with Dr./Shri/Smt/Kumari/Ms. ....

C.C. No./Empl. No./Desgn. ....

Section/Divn./Unit .....

Allottee of flat No..... in Anushaktinagar/Old  
Mandala.

I further certify that I have not indulged in any adverse or corrupt /  
criminal activities and have no police case registered against me from .....  
to .....

Name : \_\_\_\_\_

Signature: \_\_\_\_\_

This is to certify that the undertaking given by Dr./Shri/Smt/Kumai/  
Ms ....., who is working as  
..... with me is true and in case the same is  
found to be false I shall be held responsible.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

C.A.O.,  
DCSEM