

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.

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