

SPARK FORM NO.4

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

- 1 Name of Department
- 2 Name of Employee
- 3 PEN
- 4 Designation
- 5 Whether SDO
- 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 eMailID

The SDOs are required to furnish following additional information

- 15 SDO Code
- 16 GE Number
- 17 Treasury Specimen Card Number s
- 18 Head of account for salary
19. DDO Code Of Office

Declaration to be signed by the applicant

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. I also undertake that I shall not disclose my password for using the SPARK system to others.

Place:

Date:

Signature, and Name of
the employee

Counter signed by Superior Officer

Place:

Date:

Signature, 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 authorization 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 the allotting authority)

Send the form via mail to info@spark.gov.in