



**APPLICATION FORM FOR INNER LINE PASS/RENEWAL OF INNER LINE PASS IN RESPECT OF GOVERNMENT EMPLOYEES AND EMPLOYEES OF AUTONOMOUS BODIES AND PUBLIC SECTOR UNDER TAKINGS AND THEIR FAMILY MEMBERS**

Name & other details of the employee applying for the ILP

- i) Name in full(in block letters) :-
- ii) Designation :-
- iii) Office address :-

2. Name(s) and other details of the person(s) in whose favour the ILP is required.  
( in block letter)

Sl.No.	Name(in block letters)	Father's/Husband's name	Permanent Residential Address	Nationality	Relationship with the applicant.
i)					
ii)					
iii)					
iv)					
v)					

3. Place(s) in Arunachal Pradesh.....

intend to visit/stay:

4. Purpose of visit/stay:.....

5. Period for which the ILP is required & from which date:.....

6. Employment Certificate/Identity card(copy)

Signature of the applicant