

**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	YES	NO
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	Email ID		

**The SDOs are required to furnish following additional information**

16	SDO Code	
17	GE Number	
18	Treasury Specimen Card Numbers	
19	Head of account for salary	

**Declaration to be signed by the applicant**

I ----- (name) -----  
(Designation) hereby declare that the above information furnished be 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, and 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)