

**SPARK FORM NO.4**

**REQUET 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
5	Scale of pay		
6	Office		
7	Place of office		
8	Post Office		
9	District		
10	PIN Code		
11	Office Phone Number		
12	Residence Phone Number		
13	Mobile Phone Number		
14	eMail ID		
<b>The SDOs are required to furnish following additional information</b>			
15	SDO Code		
16	GE Number		
17	Treasury Specimen Card Number s		
18	Head of account for salary		

**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)