

**GOVERNMENT OF ARUNACHAL PRADESH  
OFFICE OF THE DEPUTY COMMISSIONER**

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**Application form for renewal of Inner Line Pass  
FORM II  
(TO BE FILLED BY THE APPLICANT)**

1. Name of pass holder : .....
2. Permanent address in full
- Village .....
- Post Office .....
- Police Station .....
- District .....
- State .....
3. Present Address
- .....
- C/o .....
4. Nationality (with proof) .....
5. Pass No. ....

I here by declare that the above mentioned particular given are true and correct to the best of my Knowledge and belief.

.....  
Signature of the applicant

Recommendation for Govt. servant : By the controlling authority.

Recommendation for Pvt.  GB  Bazaar Secretary/ Chairman.