

SASHASTRA SEEMA BAL

Declaration form to be filled (in duplicate) by the individual before visit to Nepal/Bhutan

(7)

Sl No	Description	particulars
01	Name of Visitors.	
02	Age.	
03	Nationality.	
04	Mobile No.	
05	Occupation.	
06	Department/Office	
07	Service Identity Card No.	
08	Office Address.	
09	Permanent Address.	
10	Vehicle Registration No.	
11	Place and Address of Visit.	
12	Date and Time of Visit.	
13	Purpose of Visit.	
14	Currency in Possession. (please specify)	Indian currency
		Nepalese currency
15	Whether carrying any prohibited items including prohibited medicines. if yes details with purpose and authority.	Yes <input type="checkbox"/> No. <input type="checkbox"/>
16	Whether carrying any weapon. if yes details with purpose and authority.	Yes <input type="checkbox"/> No. <input type="checkbox"/>
17	Whether carrying any ammunition. if yes details with purpose and authority.	Yes <input type="checkbox"/> No. <input type="checkbox"/>
18	Whether in possession of any secret/top secret/restricted documents. If yes details with purpose and authority thereof.	Yes <input type="checkbox"/> No. <input type="checkbox"/>
19	Whether in possession of satellite phone. If yes details with purpose and authority thereof.	Yes <input type="checkbox"/> No. <input type="checkbox"/>

I, the undersigned do hereby declare that I/We am/are not in a possession or any type of Arms/Amns not carrying any Arms/Amns in any vehicle Registration No. \_\_\_\_\_ not kept hidden inside the vehicle. I/we further declare and affirm that I/we have understood the relevance sections of rule of law, in case or wrong/undeclared information I/we will bear the responsibility (*details of accompanied person if any must given on over leaf*).

Date & time of out: \_\_\_\_\_

Name of place: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

P.T.O

1. Details of accompanied person:

SI No.	Name	Age	Nationality	Occupation	Mobile No.	I/Card No.
01						
02						
03						
04						
05						
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12						
13						
14						
15						

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_