

FORM "M"

Verification Report

Department _____

Certified that I have physically checked the Identity/Admission Cards of all officials working in this Department, excluding the following.

Sl. No.	Name of the official	Reasons for not checking	Remarks
(1)	(2)	(3)	(4)

Forwarded to the Secretariat Security Section on (date) _____

Signature _____
Name. _____

(Stamp)