

No. 32015/69/2024-SSO(PC)

Government of India  
Ministry of Home Affairs

North Block, New Delhi

Dated: 30 October, 2024

## OFFICE MEMORANDUM

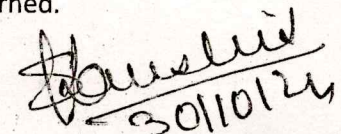
**Subject: Issue of MHA Parking Labels for the year 2025.**

The undersigned is directed to state that the validity period of MHA parking labels issued by this Ministry for parking vehicles in the premises of government buildings under MHA security cover for the year 2024 will expire on 31-12-2024. New parking labels for the year 2025 will be issued starting from 10-12-2024. The staff of the Pass Cell will be available at the Pass Cell Extension Counter near the Tikona parking area, opposite Gate No. 8, North Block, from 10:00 A.M. to 1:00 P.M. and 2:00 P.M. to 4:30 P.M. Vehicles are required to be physically brought on the spot, as the labels will be affixed to the vehicles' windscreens by the Pass Cell staff themselves. The label will not be handed over to the official or driver of the vehicle.

2. Applications, in the following **prescribed proforma** (whichever is applicable), duly sponsored by the competent authority along with the requisite documents mentioned therein, may be submitted to the Pass Cell at Jalebi Chowk, North Block, New Delhi, starting from 04.11.2024. It is requested to submit the Parking label application form in a single bunch, not exceeding a set of 50 applications.

S.No.	Form	To be used by
1.	Form A	For use by office of the Central Government, State Government and UT Administration
2.	Form B	For use by Public Sector Undertaking/ Corporation/ Institution/ Autonomous Government bodies
3.	Form C	For use of Personal Vehicle.
4.	Form D	For individual, bearer of Pink Pass
5.	Form E	For use by Media Persons

3. The above information may be brought to the notice of all concerned.



(Shailender Kaushik)

Under Secretary to the Government of India

Tel. No. 23438052

TO

1. All Ministries/ Departments of Government of India.
2. The Resident Commissioner, All State Government/UTs, New Delhi.
3. DG (Media & Communication), Ministry of Home Affairs, North Block, New Delhi.
4. DG (Media), Ministry of Finance, North Block, New Delhi.
5. Admin-1/Admin-II/Admin-V, Ministry, of Home Affairs, North Block, New Delhi.
6. All officers/Sections/Desk of MHA(P).

Copy for information to: -

1. DIG(GBS), CISF, Jam Nagar House, New Delhi.
2. 2IC, SSF, NDCC-II, Jai Singh Road, New Delhi.
3. SO, IT Section, MHA for uploading on the Ministry's Website.





For the use of  
Pass Cell, MHA

Dy. No. \_\_\_\_\_

Label No. \_\_\_\_\_

**APPLICATION FORM FOR MHA PARKING LABEL**

Select Category ☒ Four/Three wheeler: ☐ Two wheeler: ☐

A

[For use by offices of the Central Government, State Government and UT Administration]

1. Registration number of the vehicle for which car parking label is required. :
2. Type of Vehicle (**Official/Hired**) :
3. Name & Designation of the officer with whom vehicle is attached. :
4. Name & Address of the Ministry/Department/Office (including name of the building where the office is located) :
5. Status of the Organization (whether a Ministry/Department, Office of the Central Government/State Government/UT Administration) :
6. Total number of MHA Parking Labels already taken during the current year. :
7. Registration number(s) of vehicle(s), for which parking label(s) has/have already been issued by MHA during the current calendar year. :
8. Indicate strength & number(s) of officers in column (a) to (f) and give the total number of officers in the rank of Joint Secretary and above. :

(a) Minister	-
(b) MOS	-
(c) Secretary	-
(d) Special Secretary	-
(e) Additional Secretary	-
(f) Joint Secretary	-
<hr/>	
Total	-
9. Justification for issue of MHA parking label :

Date \_\_\_\_\_

Signature of the Sponsoring Authority  
with official seal (**by name**)  
Tel. No. \_\_\_\_\_

**NOTE:**

1. The application should be signed by an officer not below the rank of Under Secretary to the Government of India, in-charge of Administration/Resident Commissioner of State Government.
2. Attested copy of Registration Certificate of the vehicle to be attached.
3. Incomplete Application form will not be entertained/processed.
4. **In case of hired vehicle, following documents to be necessarily enclosed: -**
  - (a) Registration Certificate of the vehicle(s)
  - (b) Driving License of the Driver
  - (c) Agreement for Hiring/Contract along-with undertaking from service provider.
  - (d) An undertaking from the Ministry/Department/Organization certifying that "vehicle(s) with MHA Parking Labels will be used only for official purpose and necessary care will be taken to prevent it's misuse in any manner. In the event of de-hiring of the vehicle during the validity period of the parking label, the parking label would be removed and be returned to MHA (Pass Cell)".
  - (e) Sponsoring Authority's telephone no. & office seal should be invaluabley indicated.
  - (f) If the vehicle is not registered in the name of the firm, an undertaking from the service provider certifying that "the vehicle is registered in the name of a person who is the proprietor/owner of the firm, which has been provided on a hired basis".



For the use of  
Pass Cell, MHA

Dy. No. \_\_\_\_\_

Label No. \_\_\_\_\_

**APPLICATION FORM FOR MHA PARKING LABEL**

**B**

Select Category ☒ :: Four/Three wheeler: ☐ Two wheeler: ☐

**(For use by Public Sector Undertaking/ Corporations/ Institutions/Autonomous Government Bodies)**

1. Registration number of the vehicle for which :  
car parking label is required
2. Type of Vehicle (**Official/Hired**) :
3. Name & Designation of the officer with whom :  
vehicle is attached.
4. Name & Address of the Organization :  
(including name of the building where the  
office is located)
5. Status of the Organization :  
(PSU/Corporation/Institution/Autonomous  
Body/ Cooperative Society/NGO, etc.)
6. Total number of MHA Parking Labels already :  
taken during the current year.
7. Registration number(s) of vehicle(s), for :  
which car parking label(s) has/have already  
been issued by MHA during the current  
calendar year.
8. Justification for issue of a car parking label :

Signature and Designation of the Authorized Signatory  
with official seal (**by name**)

Tel. No. \_\_\_\_\_

Date: \_\_\_\_\_

**Recommendation of concerned Ministry/Department**

Recommended for issue of MHA parking label to above organization.

**Under Secretary (Administration)**

Tel no. \_\_\_\_\_

**With seal (By name)**

**NOTE:**

1. The application should be signed by an officer not below the rank of Under Secretary to the Government of India, in-charge of Administration/Resident Commissioner of State Government.
2. Attested copy of Registration Certificate of the vehicle to be attached.
3. Incomplete Application form will not be entertained/processed.
4. **In case of hired vehicle, following documents to be necessarily enclosed: -**
  - (a) Registration Certificate of the vehicle(s)
  - (b) Driving License of the Driver
  - (c) Agreement for Hiring/Contract along-with undertaking from service provider.
  - (d) An undertaking from the Ministry/Department/Organization certifying that "vehicle(s) with MHA Parking Labels will be used only for official purpose and necessary care will be taken to prevent it's misuse in any manner. In the event of de-hiring of the vehicle during the validity period of the parking label, the parking label would be removed and be returned to MHA (Pass Cell)".
  - (e) Sponsoring Authority's telephone no. & office seal should be invaluabley indicated.
  - (f) If the vehicle is not registered in the name of the firm, an undertaking from the service provider certifying that "the vehicle is registered in the name of a person who is the proprietor/owner of the firm, which has been provided on a hired basis".



For the use of  
Pass Cell, MHA

Dy. No. \_\_\_\_\_

Label No. \_\_\_\_\_

**APPLICATION FORM FOR MHA PARKING LABEL**

Select Category ☒ Four wheeler: ☐ Two wheeler: ☐

C

(For use by personal vehicle)

1. Registration number of the vehicle for which :  
parking label is required.
2. Name, designation and official address of the :  
applicant (including name of the building where  
the office is located)
3. Residential address of the applicant :
4. Whether the vehicle is registered in the name of : Yes/No  
the applicant?
5. If the answer to the question at Sl. No. 4 is **NO** :
  - (i) Name of the person in whose name the  
vehicle is registered.
  - (ii) His/her relationship\* with the applicant
  - (iii) His/her residential address
  - (iv) if employed, his/her office address including  
designation/post held
6. Registration number(s) of vehicle(s), if any, for :  
which car parking label(s) has/have already been  
issued by MHA during the current calendar year.
7. Full justification for issue of MHA parking label. :

**DECLARATION**

I (name) \_\_\_\_\_ certify that the information given by me under  
column 1 to 7 is correct. I undertake to use the above private vehicle with the MHA parking Label for  
official purpose only and also shall prevent its misuse in any manner. I will return the Parking Label, to  
the Ministry of Home Affairs as soon as the Vehicle ceases to be in my possession for regular use.

Date: \_\_\_\_\_

Signature of applicant

MHA ID Card No. \_\_\_\_\_

Mobile/Tel. No. \_\_\_\_\_

**VERIFICATION**

Certified that Shri/Ms. \_\_\_\_\_ of the Ministry of \_\_\_\_\_ (a) is  
presently posted at North Block, or (b) his/her Administrative Head Office is located at North Block.  
The information furnished by the applicant has been verified from office records and found correct.

**Under Secretary (Administration)**

Tel. no. \_\_\_\_\_

With seal (By name)

**Note:**

**Attested copy of Registration Certificate of the vehicle & MHA Identity Card/Validation  
Slip to be attached.**

**\* If the relationship is other than spouse, furnish Undertaking in Form 'U'.**



For the use of  
Pass Cell, MHA

Dy. No. \_\_\_\_\_

Label No. \_\_\_\_\_

**APPLICATION FORM FOR MHA PARKING LABEL**

Select Category ☒ Four wheeler: ☐ Two wheeler: ☐

D

[For individual bearer of Pink Pass]

1. Registration number of the vehicle for which car parking label is required.
2. Name of the applicant
3. Residential address of the applicant
4. Occupation/ Official address (including the post held and the name of the organization)
5. Whether the vehicle is registered in the name of the applicant. Yes/No
6. If the answer to the question at Sl. No. 5 is **NO**
  - (i) Name of the person in whose name the vehicle is registered.
  - (ii) His/her relationship\* with the applicant
  - (iii) His/her residential address
  - (iv) If employed, his/her office address including designation/post held
7. Registration number(s) of vehicles(s), if any, for which vehicle parking label(s) has/have already been issued by MHA during the current calendar year.
8. Full justification for issue of car parking label.

**DECLARATION**

I (name) \_\_\_\_\_ certify that the information given by me under column 1 to 7 is correct. I undertake to use the above private vehicle with the MHA parking Label for official purpose only and also shall prevent its misuse in any manner. I will return the Parking Label, to the Ministry of Home Affairs as soon as the Vehicle ceases to be in my possession for regular use.

Date: \_\_\_\_\_

Signature of applicant  
MHA ID Card No. \_\_\_\_\_  
Mobile/Tel. No. \_\_\_\_\_

**Note:**

**Attested copy of Registration Certificate of the vehicle and copy of MHA Non-Official (Open) Photo Pass to be attached.**

**\* If the relationship is other than spouse, furnish Certificate/Undertaking in form 'U'.**



For the use of  
Pass Cell, MHA

Dy. No. \_\_\_\_\_

Label No. \_\_\_\_\_

**APPLICATION FORM FOR MHA PARKING LABEL**

Select Category ☒ :: Four wheeler: ☐ Two wheeler: ☐

**E**

**(For use by Media Persons)**

1. Registration number of the vehicle for which :  
car parking label is required
2. Name of the applicant :
3. Residential address of the applicant :
4. Occupation/Official address (including the post :  
held and the name of the organization
5. Whether the vehicle is registered in the name of : Yes/No  
the applicant
6. If the answer to the question at Sl. No. 5 is **NO** ;
  - (i) Name of the person in whose name the  
vehicle is registered.
  - (ii) His/her relationship\* with the applicant
  - (iii) His/her residential address
  - (iv) if employed, his/her office address including  
designation/post held
7. Registration number(s) of vehicles(s), if any, for :  
which car parking label(s) has/have already  
been issued by MHA during the current calendar  
year.
8. Full justification for issue of car parking label :

Signature of applicant

Tel. No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

It is certified that Shri/Ms. \_\_\_\_\_ is an employee/correspondent of -  
\_\_\_\_\_ (National daily, News Magazine, News Channel). It is also certified  
that not more than two employees/correspondents, including the applicant of this (National daily News  
Magazine, News Channel) have been issued MHA car parking labels.

Signature of Authorized  
Signatory with Designation

**Recommendation of ADG (Media)  
Ministry of Home Affairs/Ministry of Finance**

Recommended/Non Recommend that a parking label be issued to  
Shri/Ms. \_\_\_\_\_ of \_\_\_\_\_ as per details above.

Signature of Recommending Authority

**Note:**

**Attested copy of Registration Certificate of the vehicle and copy of PIB Card to be attached.**

**\* If the relationship is other than spouse, furnish Certificate/Undertaking in form 'U'.**



**UNDERTAKING**

U

Certified that the Vehicle No. \_\_\_\_\_ is registered in the name of  
Shri/Smt./Ms. \_\_\_\_\_ my\* \_\_\_\_\_ who is  
resident of \_\_\_\_\_. The said  
vehicle is in my possession and is in regular use by the undersigned.

2. It is also certified that **no** other vehicle is registered in my name or in the name of my spouse.  
I hereby undertake to use the said vehicle with the MHA parking Label for only official purpose and  
ensure to prevent its misuse in any manner.

3. I undertake to return the Parking Label, to the Ministry of Home Affairs as soon as the Vehicle  
ceases to be in my possession for regular use.

New Delhi

Date

SIGNATURE \_\_\_\_\_

NAME (CAPITAL LETTER) \_\_\_\_\_

ADDRESS \_\_\_\_\_

ID Card No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

\* Please indicate relationship.