

APPLICATION FORM FOR e-PASS FOR ESSENTIAL SERVICE

Instructions:

1. To avail e-PASS service, please click on the link provided below and apply.

<https://eservices.assam.gov.in/directApply.do?serviceId=1533>

2. Now the user will be redirected to the application form.
3. Please fill all required Mandatory fields(*) and Click on the Submit button.

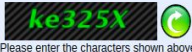
GOVERNMENT OF ASSAM APPLICATION FORM FOR e-PASS FOR ESSENTIAL SERVICE	
Applicant Details	
Full Name of the Applicant * <input type="text" value="Ravi Singha"/>	Mobile Number * <input type="text" value="0000000000"/>
Date of Birth * <input type="text" value="01/01/1986"/>	E-Mail <input type="text" value="ricitest2020@gmail.com"/>
Address of the Applicant	
House No/Bylane No/Street Name * <input type="text" value="HOUSE # 15"/>	Landmark/Locality/Ward No * <input type="text" value="Basistha"/>
Village/Town/City * <input type="text" value="GUWAHATI"/>	District * <input type="text" value="Please Select"/>
Police Station * <input type="text" value="Basistha"/>	Post Office * <input type="text" value="Basistha"/>
Block <input type="text" value="Basistha"/>	
Pass Details	
Vehicle Registration No * <input type="text" value="AS019987"/>	Vehicle Type * <input type="text" value="Four Wheeler/LMV"/>
Journey Type * <input type="text" value="Round trip"/>	Number of Person * <input type="text" value="2"/>
Pass From Date * <input type="text" value="31/03/2020"/>	Pass To Date * <input type="text" value="01/04/2020"/>
From (Source of Route) * <input type="text" value="guwahati"/>	To (Destination of Route) * <input type="text" value="tezpur"/>
Purpose of Travel * <input type="text" value="Collection or Distribution of Grocery Goods"/>	
Remarks (Reason justifying travel) * <input type="text" value="need pass test"/>	
Application Processing Location	
Select Office to Submit Application <input type="text" value="KAMRUP METRO"/>	

Declaration

I Agree

that all the information provided in the form is correct to the best of my knowledge. If any information furnished here is found incorrect or falsely represented, I understand that legal action will be initiated against me.

Word verification



Please enter the characters shown above

4. Click on the **Submit** button for the submission of application form. Now You will see a preview of your application form.

Applicant Details

Application Reference No :	Draft_EPASS/2020/00014
Full Name of the Applicant :	Ravi Singha
Mobile Number :	000000000
Date of Birth :	01/01/1986
E-Mail :	nictes2020@gmail.com

Address of the Applicant

House No/Bylane No/Street Name :	HOUSE # 15
Landmark/Locality/Ward No :	Basistha
Village/Town/City :	GUWAHATI
District :	KAMRUP METRO
Police Station :	Basistha
Post Office :	Basistha
Block :	Basistha

Pass Details

Vehicle Registration No :	AS019987
Vehicle Type :	Four Wheeler/LMV
Journey Type :	Round trip
Number of Person :	2
Pass From Date :	31/03/2020
Pass To Date :	01/04/2020
From (Source of Route) :	guwahati
To (Destination of Route) :	tezpur
Purpose of Travel :	Collection or Distribution of Grocery Goods
Remarks (Reason justifying travel) :	need pass test

Application Processing Location

Select Office to Submit Application :	KAMRUP METRO
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Declaration

that all the information provided in the form is correct to the best of my knowledge. If any information furnished here is found incorrect or falsely represented, I understand that legal action will be initiated against me.

I Agree : Yes

Additional Details

Apply to the Office District Administration(DISTRICT - KAMRUP METRO)

29/9/2020 06:23:23 IST http://eservices.assam.gov.in/configure

[Edit](#)
[Attach Annexure](#)
[Cancel](#)
[Print](#)
[Export to PDF](#)
[Click here to initiate new application](#)

- Click on the “**Attach Annexure**” button for the uploaded required document. Now below the window will be shown. Attach your Annexure.

ATTACH ENCLOSURE(S)

Enclosure(s):

Type of Enclosure *	Enclosure Document *	Issued By	Issued Date	Reference Number	File/Reference *
Identity Proof *	Copy of Aadhar Card <small>Document Format</small>	GOC	04/02/14	1	Choose file cal2019.pdf Scan Fetch from DigiLocker
Distributor ID/ Whole seller ID for Grocery *	Distributor ID/ Whole sel <small>Document Format</small>	GMC	05/02/19	2	Choose file cal2019.pdf Scan Fetch from DigiLocker

[Save Annexure](#)
[Cancel](#)
[Back](#)

- After Attaching all the documents click on the “**Save Annexure**” button for saving your application form with uploaded documents. Now the preview window will be shown with an additional information **Annexure list**.

Declaration

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I Agree : Yes

Annexure List

1) Identity Proof Copy of Aadhar Card

2) Distributor ID/ Whole seller ID for Grocery Distributor ID/ Whole seller ID for Grocery

Additional Details

Apply to the Office District Administration(DISTRICT - KAMRUP METRO)

[Submit](#)
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- Click on the **Submit** button and you will get a final Acknowledgement slip.

APPLICATION ACKNOWLEDGEMENT

Dear Ravi Singha,
Your application for Essential Service E-pass is submitted successfully. Your application reference no is EPASS/2020/00012 and application submission date is 29/03/2020.
Apply to the office: KAMRUP METRO

[Print](#) [Export to PDF](#) [Close](#)

8. You can track your application using below url

<https://eservices.assam.gov.in/citizenApplication.html>

Please fill the mandatory form (*) and click **submit.**

Who has provided the Service? Central Government State Government

Please select the State that is providing the service *


Please select the Service against which application has been submitted*

Mode of submission Online

Please enter the Application Reference Number *

Track Using * Submission Date Delivery Date

Please select the Date when the application was submitted *

Word verification * 

Please enter the characters shown above

Or, You will also get an SMS & Email notification on your registered mobile number and Email ID.