

To,

The Deputy Commissioner of Police,

Bhubaneswar.

(T) Zonal ACP/ACP Traffic

I have verified the name and address of Sri/Smt./Miss _____ S/O,

D/O, W/o _____, At _____, P.S _____, District _____

Mobile No _____ Name of the Organisation _____ with Regd. No.

_____ & designation of the Applicant _____ in their Organisation which is

found to be correct. The applicant requires a license for Dharana/Meeting/Cultural/Musical function/Opera/

Drama/Exhibition/ _____ There will be a gathering of _____

at (Place) _____ On/from _____ time _____ to _____ The Rally / Cyclotron /

Marathon/ procession / Religious procession will be started from _____ to _____

Via _____ on date _____ time _____ to _____

He/ she is recommended/ not recommended for doing above program. For smooth passage of the procession etc.

Officers/Force required _____.

Place:

IIC/ ACP/ ACP Traffic

D.R. No.

Bhubaneswar.

Date:-