



GOVERNMENT OF KERALA

Abstract

Information Technology Department - Implementation of Service and payroll Administrative Repository for Kerala- Introduction of Spark Forms 2- 6- Approved - Orders issued.

INFORMATION TECHNOLOGY (B) DEPARTMENT

G.O. (Rt) No: 20/2009/ITD. Dated, Thiruvananthapuram, 27.1.2009.

- Read:-*
1. G.O. (Ms) No.345/03/GAD dated 26.11.2003.
 2. G.O. (Ms) No.192/04/GAD dated 29.07.2004.
 3. G.O. (Ms) No.392/05/GAD dated 05.11.2005.
 4. G.O. (Rt) No.31/07/ITD dated 24.04.2007.
 - 5: Minutes of the Joint Meeting of the Co-ordination committee and the Technical Committee for SPARK held on 9.7.07.

ORDER

As per the G.O. read as first paper above sanction was accorded for the implementation of Integrated Personnel and Payroll management System (IPPMS). As per Government Order read as 2nd paper above, the proposal submitted by National Informatics Centre for implementing the project with the name Service and Payroll Administrative Repository for Kerala (SPARK) has been accepted. As per the government order read as 3rd paper above ownership and co-ownership of the project was entrusted with IT and Finance Department respectively, to be implemented through Kerala State IT Mission and orders were issued for implementing the project in all departments.

2. As per the Government Order read as 4th paper above, Government have approved SPARK Form 1 for registering the details of employees taking fresh appointment in Government service.

3. In the joint meeting of the co-ordination committee and Technical committee for SPARK held on 9.7.07 it was decided and recommended to implement the SPARK forms 2 to 6.

4. Now Government are pleased to approve SPARK Form 2-6 as appended to this order for the following purposes:-
SPARK Form No.2 - For Heads of Departments to nominate department Management user for allotment of user authentication by System Administrator (SPARK)

SPARK Form No.3 - For the Heads of the offices to nominate DEO/Establishment user for allotment of user authentication by DMU.
SPARK Form No.4 - For the individual users to apply for user authentication.
SPARK Form No.5 - For the authenticating authorities to communicate the authentication.
SPARK Form No.6 - Request for revoking existing authentication without making new nomination and request for invoking a revoked authentication.

5. For technical assistance, if any found necessary, the officers concerned shall contact the System Administrator (SPARK), Kerala State IT Mission, ICT Campus, Vellayambalam, Thiruvananthapuram.

6. Finance Department will issue formal orders for incorporating the SPARK Form 2- 6 in Kerala Service Rules.

By Order of the Governor

Dr. Ajay Kumar
Secretary to Government

To

- 1: The Principal Secretaries, Additional Secretaries, Joint Secretaries, Deputy Secretaries and Under Secretaries of General Administration Department.
2. The Secretary, Legislature Secretariat (with C.L)
3. The Registrar, High Court of Kerala. (With C.L)
4. The Secretary, Kerala Public Service Commission (with C.L)
5. The Accountant General (A & E)/Audit, Kerala, Thiruvananthapuram.
6. All Heads of Departments.
7. All District Collectors.
8. The Director of Public Instructions, Thiruvananthapuram(for vide publicity)
9. Director, Kerala State IT Mission, Thiruvananthapuram.
10. The State Informatics Officer, NIC, ER & DC Buildings, Vellayambalam, Thiruvananthapuram.
11. All Departments in Government Secretariat including Finance and Law.
12. All Sections of General Administration Department.
13. Stock File / Office copy.

Forwarded/ By order


Section Officer

SPARK FORM NO.2**NOMINATION/ CHANGE OF NOMINATION OF
DEPARTMENT MANAGEMENT USER (DMU)**

(To be furnished by the Head of Department to Kerala State IT Mission)

1	Name of Department	
2	Name of the existing DMU (Write NIL if requesting for ID for the first time)	
3	PEN of the existing DMU (Write NIL if requesting for ID for the first time)	
4	Reason for change	

Details of newly nominated DMU

5	Name	
5	PEN	
7	Designation	
3	Name of office	
9	Place of office	
10	Post Office	
11	District	
12	PIN Code	
13	Office Phone Number	
14	Residence Phone Number	
15	Mobile Phone Number	
16	eMail ID	

Place:

Date:

Signature Name &
Designation of the Head of Department**To**The Director
Kerala State IT Mission
ICT Campus, Vellayambalam
Thiruvananthapuram

SPARK FORM NO.3

**NOMINATION/ CHANGE OF NOMINATION OF
DDOs/ Establishment Officers**

(To be furnished by the Head of Office to the respective Department Management User)

1	Name of Department	
2	Name of the existing DDO/ Establishment Officer (Write NIL if requesting for ID for the first time)	
3	PEN of the existing DMU DDO/ Establishment Officer (Write NIL if requesting for ID for the first time)	
4	Reason for change	
Details of newly nominated DDOs/ Establishment Officials		
5	Name	
6	PEN	
7	Designation	
8	Name of office	
9	Place of office	
10	Post Office	
11	District	
12	PIN Code	
13	Office Phone Number	
14	Residence Phone Number	
15	Mobile Phone Number	
16	eMail ID	

Place:
Date:

Signature, Name &
Designation of the Head of Office

To

The Department Management User (SPARK)

-----Department

SPARK FORM NO.4

**REQUEST FOR USER AUTHENTICATION BY SDOs and NGOs
(To be counter signed by the superior officer)**

1	Name of Department		
2	Name of Employee		
3	PEN		
4	Designation		
5	Whether SDO	YES	NO
5	Scale of pay		
6	Office		
7	Place of office		
8	Post Office		
9	District		
10	PIN Code		
11	Office Phone Number		
12	Residence Phone Number		
13	Mobile Phone Number		
14	eMail ID		
The SDOs are required to furnish following additional information			
15	SDO Code		
16	GE Number		
17	Treasury Specimen Card Number s		
18	Head of account for salary		

SPARK FORM NO.5

(Communication regarding allotment of authorization for using SPARK)

Dear Sir/ Madam,

Your user ID and Password for using SPARK system is printed in the sealed envelop attached to this letter. The user authentication type allotted to you is----- . By opening the sealed envelop containing User Code and Password, it will be presumed that you are accepting the terms and conditions for using SPARK system.

Important conditions for use:

1. Please change the password provided to you during the first login itself.
2. Never use your name or Permanent Employee Number as password
3. Passwords should have minimum of eight characters without leading or trailing blanks;
4. Passwords shall be changed at least once every thirty days; and
5. Passwords shall not be shared, displayed or printed.
6. For using SPARK correctly follow the manual and the procedures being intimated.
7. It will be the duty of the user to intimate any change in service/duty that requires a change of authentication type or termination of authentication to the authority allotted you access permission.
8. Use the SPARK system only when you have proper authority to function with the authentication type granted to you.

Thanking you
Yours sincerely

Place:
Date:

Signature, Name and designation
of the authority allotting user authentication

To
(Name, PEN and official address of the user)

SPARK FORM NO.6

(This form required to be furnished by a superior authority to the SPARK user for revoking existing authentication without making new nomination/ invoking a revoked authentication)

Fill in the appropriate table only

A. For revoking

1	Permanent Employee Number (PEN) of the existing User	
2	Name of the Existing User	
3	Type of Authentication	
4	Reason for revoking the authentication	

B. For invoking

1	Permanent Employee Number (PEN) of the revoked user to be invoked	
2	Name of the user to be invoked	
3	Type of authentication to be invoked	
4	Reason for invoking the authentication	

Signature

Name

PEN

Designation

Office

Date:

For the use of the authority invoking/ revoking user authentication in SPARK

Requested revoked on (Date)-----Time-----

Invoked/ Revoked on (Date)-----Time-----

Name of the Authority:

Signature

PEN

Declaration to be signed by the applicant

I-----(name)-----
(Designation) hereby declare that the above information furnished by me are correct and undertake that I shall use my user authentication and privileges only for the purposes intended by the SPARK System and in accordance with the user instructions and password policy for using SPARK system. I also undertake that I shall not disclose my password for using the SPARK system to others.

Place:
Date:

Signature, and Name of
the employee

Counter signed by Superior Officer

Place:
Date:

Signature, Name and designation of
the counter signing officer

INSTRUCTIONS FOR SUBMISSION

- The Self Drawing Officers required to submit this form to the DMU concerned for SDO authorization in SPARK system (for processing SDO bills)
- The Non Gazetted Employees required to submit this form to the Drawing and Disbursing Officer/ or the Establishment Officer concerned for Individual User Authentication.

FOR OFFICE USE

Authentication Type allotted:

Authentication allotted on (Date)

Allotted by (Name, Designation, PEN and Signature of the allotting authority)