



Form for Biometric Registration

Employee ID _____

Date of Joining _____

Full Name (IN CAPITAL LETTERS) _____

Designation _____

Nature of Employment: Regular/Contractual/Outsource

School _____

Department/Section _____

Phone Number _____

E-mail _____

Note: Please attach the copy of joining letter along with this form

Signature of the User

Forwarded by (HoD/Dean/In-charge)
(Signature with Seal)

Signature, Convener, E-Gov