EA Request Form for Operator / Supervisor Association

Enrolment Agency Name : Registrar Code : Registrar Name : Full Name of the Operator/Supervisor: Aadhaar No. of the Operator / Supervisor - Certificate No. of the Operator / Supervisor - Proposed User ID/Operator ID. of the Operator / Supervisor - Status of the Operator / Supervisor - Active/Inactive / Disassociated Date of Joining with EA as Operator / Supervisor Date Month Year The Operator/Supervisor will be working in Sweep Mode/Permanent Centre In: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working - Name of EC incharge/Owner - Address of EC incharge/Owner:		Code:																	
registrar Code : registrar Name : ull Name of the Operator / Supervisor - rectificate No. of the Operator / Supervisor - rectificate No. of the Operator / Supervisor - Proposed User ID/Operator										I									
egistrar Code : egistrar Name : ull Name of the Operator/Supervisor: adhaar No. of the Operator / Supervisor - ertificate No. of the Operator / Supervisor - Proposed User ID/Operator ID. of the Operator / Supervisor - Status of the Operator / Supervisor - Active/Inactive / Disassociated Date of Joining with EA as Operator / Supervisor The Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner: Address of EC incharge/Owner:	Azone	. Nama :	, [
egistrar Name : ull Name of the Operator/Supervisor: uadhaar No. of the Operator / Supervisor - uertificate No. of the Operator / Supervisor - proposed User ID/Operator ID. of the Operator / Supervisor - Status of the Operator / Supervisor — Active/Inactive / Disassociated Date of Joining with EA as Operator / Supervisor / / / Date Month Year The Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working ~ Name of EC incharge/Owner - Address of EC incharge/Owner:		warne :																	
adhaar No. of the Operator / Supervisor - Certificate No. of the Operato	egistrar Code : ´																	13.	
Address of EC incharge/Owner:	egistrar Name :																		
Address of EC incharge/Owner:	ull Name of the (Operator/	/Superv	isor:-															
Certificate No. of the Operator / Supervisor - Proposed User ID/Operator ID. of the Operator / Supervisor - Status of the Operator / Supervisor - Active/Inactive / Disassociated Date of Joining with EA as Operator / Supervisor / / / Date Month Year The Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:						1		1	T								T	T	
Certificate No. of the Operator / Supervisor - Proposed User ID/Operator ID. of the Operator / Supervisor - Status of the Operator / Supervisor - Active/Inactive / Disassociated Date of Joining with EA as Operator / Supervisor / / / Date Month Year The Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:	adhaar No. of th	e Operat	or / Sup	erviso	r -		-						-						
Proposed User ID/Operator ID. of the Operator / Supervisor - Status of the Operator / Supervisor - Active/Inactive / Disassociated Date of Joining with EA as Operator / Supervisor / / / / Date Month Year The Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working ~ Name of EC incharge/Owner - Address of EC incharge/Owner:																			
Proposed User ID/Operator ID. of the Operator / Supervisor - Status of the Operator / Supervisor - Active/Inactive / Disassociated Date of Joining with EA as Operator / Supervisor / / / Date Month Year The Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working ~ Name of EC incharge/Owner - Address of EC incharge/Owner:	ertificate No. of	the Oper	ator / S	upervis	sor -		-		1										
Status of the Operator / Supervisor – Active/Inactive / Disassociated Date of Joining with EA as Operator / Supervisor / / / / Date Month Year The Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:																			
Date of Joining with EA as Operator / Supervisor	Proposed User ID	/Operato	r ID. of	the Op	erato	r / Su	pervi	sor -				_							
Date of Joining with EA as Operator / Supervisor																			
Date of Joining with EA as Operator / Supervisor	Status of the Ope	rator / Su	perviso	or – Act	ive/Ir	activ	e /Di	sasso	ciate	d			13						
Date Month Year The Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner- Address of EC incharge/Owner:		1/ 1																	
Date Month Year The Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner- Address of EC incharge/Owner:	Date of Joining v	vith EA as	Operat	or / Su	pervi	sor						77.							
Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:																			
Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:		1.																	
Operator/Supervisor will be working in Sweep Mode/Permanent Centre in: State: District: Sub-District: Details of Enrolment Centre In charge /Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:		100	Year																
State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:		100	Year																
State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:	Date Mor	100	Year																
State: District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:	Date Mor	100	Year												T				
District: Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:	Date Mon	nth							100										
Sub-District: Details of Enrolment Centre In charge /Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:	Date Mon	nth			weep	Mode	e/Peri	mane	nt Ce	entre	in:								
Sub-District: Details of Enrolment Centre In charge / Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:	Date Mor	nth			weep	Mode	e/Peri	mane	nt Ce	entre	e in:								
Details of Enrolment Centre In charge /Owner where operator will be working Name of EC incharge/Owner - Address of EC incharge/Owner:	Date Mon The Operator/Superv State:	nth			weep	Mode	e/Perr	mane	nt Ce	entre	in:							Ι	
Name of EC incharge/Owner - Address of EC incharge/Owner:	Date Mon The Operator/Superv State:	nth			weep	Mode	e/Perr	mane	nt Ce	entre	e in:					-27			
Name of EC incharge/Owner - Address of EC incharge/Owner:	Date Mon The Operator/Superv State: District:	nth			weep	Mode	e/Peri	mane	nt Ce	entre	e in:								
Address of EC incharge/Owner:	Date Mor	risor will b	e worki	ng in S								king							
	Date Mon The Operator/Superv State: District: Sub-District: Details of Enroln	nisor will b	ne worki	ng in S								king				100			
	Date Mon The Operator/Superv State: District: Sub-District: Details of Enroln	nisor will b	ne worki	ng in S								king				a and a second			
	Date Mor	nisor will b	tre In ch	ng in S								king				42			
	Date Mor	nisor will b	tre In ch	ng in S								king				171			
	Date Mor	nisor will b	tre In ch	ng in S								king				27 (19)			
	Date Mor	nent Cent	tre In ch	ng in S								king							

1	9										7														
an No	of EC	incha	rge/	Owne	er -					-	_														
				T		7					(0000	T	1			7									
lunor	of the	oweel			o r mere		V. 12111-001		www.co.co																
)wner	or the	enroi	men	KITW	vnere	oper	ator	will	be w	orki	ng														
Vame o	of Pers	on -																							
			4	_			_										- 14								
lame o	f Organ	nizoti			Ш											1									
anie	Orga	lizati	on:					Ť	T					_	_				_	7					
		-				10		1	1	1			Ш												
1obile	no. of	kit ov	vner.	W.																					
							T		-			Ť													
eason f																_									
case o	f anv f	urthe	r det	ails t	he he	low r	nauk																		
ontacte			· act	ans, c	ne be	IOW I	ilay L	,e																	
									1																
gency (o-ordi	nator	/Stat	e Hea	ad/Di	strict	Head	1	Į		-	_	_			9						_			
ame:																									
gency C	o-ordi	nator	/Stat	e He:	ad/Dis	strict	Hear	Mo	hila	Nicos	hor.			-											-
		West Carlo	,		10,01.	renee	ricac	INIO	bile	Num	ber.														
is here	by dec	lared	that	the ir	nform	ation	and	part	icula	rs fu	rnish	ned	abo	ve a	re t	rue	an	d co	rre	ct to	the	bes	st of	mv	/01
owled	ge and	belie	fand	noth	ing h	as be	en co	ncea	aled.										- 42	33350				,	, ,
50005							150							3											
ace:																									
ate:																									
														-	-10					[ech					
														36	at Kr	NIC	mat	IIre:	of T	och	nica	I Co			

Seal & Signature of Technical Coordinator/State Head of Enrolment Agency

Operator / Supervisor Consent form for Association with EA

uli N	lame:													_		-			i
											_	L			_			_	1
athe	er's Nam	ie:		- 100	-	1				T	1						1		
Addre	ess:										_						1	1	+
LO th	se tick a	12 th			Gra	aduat	ion		Post	Grad	uatio	on	15		Rece	nt Ph	otog	raph	
TUME	idal No.	of the	Oper	ator,	/ Sup	erviso	or -							- 1					
	laar IVO.	of the	Oper	ator,	/ Sup	erviso	or -												
	ficate N																		
Certi	ficate N	o. of th	e Op	erato	or / Si	uperv	isor -												
Certi		o. of th	e Op	erato	or / Si	uperv	isor -												
Certi	ile No. c	o. of th	e Op	erato	or / Supe	uperv	isor -								_				
Certi	ficate N	o. of th	e Op	erato	or / Supe	uperv	isor -			2									
Certi	ile No. c	o. of th	e Op	erato	or / Supe	uperv	isor -										w.		
Certi	ile No. c	o. of th	e Op	erato	or / Supe	uperv	isor -												
Mobi	ile No. o	o. of th	e Op	erato tor/	Supe	uperv ervisor isor -	isor -	king wi	th the	follow	ving E	nro	men	t Age	ency a	nd w	illfull	y joir	nee
Certii Mobi Emai	ile No. c	o. of the Of the Ope	e Op	erato tor/	Superviews previous	uperv rvisor isor -	isor -								ency a	nd w	illfull	y joir	ne
Mobi Emai	ificate No. o	o. of the Ope	e Op	erato tor/	Supe perv	uperv ervisor isor -	isor -		as (Opera	tor/	Sup	ervis	or.		nd w	N- jillfull	y join	ne
Mobi Emai	ificate No. co	o. of the Ope	e Op	erato tor/	Supe perv	uperv ervisor isor -	isor -		as (Opera	tor/	Sup	ervis	or.		nd w	illfull	y joir	ne
Certin	ificate No. co	o. of the Ope	e Oppera	erator/ tor/Sur/Su	Superviews pre-	uperv ervisor isor -	isor -	oncern	as (ed area	Opera a till d	tor/	Sup	ervis	or.		nd w	illfull	y joir	ne
Certin	ile No. o	o. of the Ope	e Oppera	erator/ tor/Sur/Su	Superviews pre-	uperv ervisor isor -	isor -	oncern	as (ed area	Opera a till d	tor/	Sup	ervis	or.		nd w	illfull	y joir	ne
Certii Mobi Emai It is t	ificate No. of the last of the last of Joining /	o. of the Operation furthe details	e Oppera	erator/ tor/Sur/Sur/Sur/Sur/Sur/Sur/Sur/Sur/Sur/Su	Superver/	uperv ervisor isor -	isor -	oncern	as (ed area	Opera a till d	tor/	Sup	ervis	or.		nd w	illfull	y joir	ne
Certin	ificate No. of the last of the last of Joining /	o. of the Ope	e Oppera	erator/ tor/Sur/Sur/Sur/Sur/Sur/Sur/Sur/Sur/Sur/Su	Superviews pre-	uperv ervisor isor -	isor -	oncern	as (ed area	Opera a till d	tor/	Sup	ervis	or.		nd w	illfull	y joir	ne

Previous Enrolment Agency Code:	
It is hereby declared that the information a	and particulars furnished above are true and correct to the best of my/our
knowledge and belief and nothing has bee	n concealed.
Place:	
Date:	Signature of Operator / Supervisor
	RO OFFICE
The above request for association of opera The information and particulars furnished	ator with EA have been thoroughly verified after due diligence.
Correct :	
Incorrect :	:5
Place:	
Date:	Signature of SSA/PMU
8	
Place:	
Date:	. Signature of ADG Incharge/DDG
	A 20 1

Correct:- Recommended for association with EA

Incorrect :- Not recommended for association with EA