

NEW CIVIL HOSPITAL

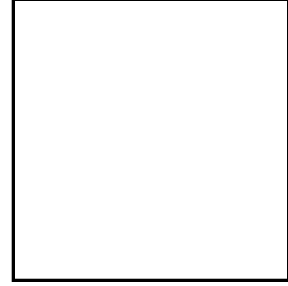
MAJURA GATE, SURAT-395001

EMPLOYEE REGISTRATION FORM FOR BIOMETRIC ATTENDANCE

NOTE: FILL THE DETAIL IN ENGLISH LANGUAGE.
FILL THE DETAIL IN CAPITAL LETTERS.
FILL THE DETAIL USING BLUE BOLL POINT PEN ONLY.
ALL THE DETAILS ARE COMPULSARY.
(દરેક વિગત સુવાચ્ય અક્ષરોમાં અને ફરજિયાત પથે લખવી)

ATTENDANCE ID: (for office use only)

Employee Type :



Photograph

Employee Name [Enter your full name]

SURNAME

EMPLOYEE NAME

FATHER/HUSBAND NAME

Date of Birth [format DD-MM-YYYY]

- -

Gender [Male/Female]

Enter Aadhaar Number [12 digit Number]

Designation

E-Mail

Mobile No. [10 digit Number]

Department Name

HOD / Incharge Name

Employee Signature

Outsource Agency Sign and Stamp