EA REQUEST FORM FOR OPERATOR / SUPERVISOR ASSOCIATION

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Place: Date:

Enrolment Agency Code: 0 6 5 1
Enrolment Agency Name: INDIAN BANK
Registrar Code: 6 5 1
Registrar Name: INDIAN BANK
Full Name of Operator /Supervisor (write in capital letters):
Aadhaar No. of Operator / Supervisor:
Certificate of the Operator / Supervisor:
Proposed USER ID of the Operator / Supervisor: I B D A R D
Status of the Operator / Supervisor – Active / Inactive / Disassociated:
Date of Joining with EA as Operator / Supervisor: 0 1 / 1 2 / 2 0 2 0
The
Operator / Supervisor will be working in Sweep Mode / Permanent Center in:
State: State: Sub District: Su
Details of the Enrolment Center In-Charge/Owner where operator will be working: PARAKHIMONISAIKIA
Address of the EC In-Charge / Owner:
DARWIN CAMPUS; CHINAKIPATH
Aadhaar No. of EC In-Charge / Owner: 6 9 6 4 0 5 9 6 3 9 8 4
Mobile No. of EC In-Charge / Owner: 9 8 5 4 1 6 0 3 1 3
PAN No. of EC In-Charge / Owner: CKDPS7099N
Owner of the enrolment kit where operator will be working:
Name of the person: A N I R B A N C H O U D H U R Y
Name of the Organization:
Mobile No. of Kit owner: 9 4 3 5 1 9 9 5 7 1
Reason for Association of new Operator/Supervisor in the existing center: NEW CENTER
In case of any further details, the below may be contacted
Agency Co-ordinator/State Head/District Head Name: C H I N M O Y K A R
Agency Co-ordinator/State Head/District Head Mobile: 9 7 0 6 3 2 6 5 4 6
It is hereby declared that information and particulars furnished above are true and correct to the best of my/our
knowledge and belief and nothing has been concealed.

THIS PAGE SHOULD BE FILLED BY OPERATOR / SUPERVISOR

Seal and Signature of Technical Co-ordinator/ State Head of Enrolment Agency