EA REQUEST FORM FOR OPERATOR / SUPERVISOR ASSOCIATION

Enrolment Agency Code: 0651

Enrolment Agency Name: INDIAN BANK

Registrar Code: 651

Registrar Name: INDIAN BANK

Full Name of Operator /Supervisor (write in capital letters):

1

2 Aadhaar No. of Operator / Supervisor:

3 Certificate of the Operator / Supervisor:

Proposed USER ID of the Operator / Supervisor: IB_DAR_

Status of the Operator / Supervisor – Active / Inactive / Disassociated: INACTIVE

Date of Joining with EA as Operator / Supervisor: 01/12/2020

The OPERATOR/SUPERVISOR

Operator / Supervisor will be working in Sweep Mode / Permanent Center in:

State: District: Sub District:

Details of the Enrolment Center In-Charge/Owner where operator will be working:

PARAKHMONI SAIKIA

Address of the EC In-Charge / Owner:

DARWIN CAMPUS; CHINAKIPATH
MOTHER TERESA ROAD 781019

Aadhaar No. of EC In-Charge / Owner:

696405963984

Mobile No. of EC In-Charge / Owner: 9854160313

PAN No. of EC In-Charge / Owner: CKDPS7099N

Owner of the enrolment kit where operator will be working:

Name of the person: ANIRBAN CHOUDHURY

Name of the Organization: DARWIN SOCIETY

Mobile No. of Kit owner: 9435199571

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: CHINMOY KAR

Agency Co-ordinator/State Head/District Head Mobile: 9706326546

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.

Place:
Date:

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

THIS PAGE SHOULD BE FILLED BY OPERATOR / SUPERVISOR

Operator/Supervisor Consent form for Registrar & EA

Enrollment Agency code: 0651 Registrar Code: 651X

Enrollment Agency Name: INDIAN BANK

Registrar Name: INDIAN BANK

Sir/Madam,

I am willing to work with EA INDIAN BANK as an Operator/Supervisor.

My details are as below-

TO BE FILLED BY OPERATOR / SUPERVISOR

4 **Full name:**

5 **Father name:**

6 **Current Residence Address:**

7 **Educational Qualification:** (please tick to the appropriate option) ☐ 10th ☐ 12Th ☐ Graduation ☐ Post Graduation

8 **Aadhaar No. of the Operator/Supervisor:** - -

9 **Certificate no. of the operator/supervisor:**

10 **Date of certification:**

11 **Mobile no. of the operator/supervisor:**

12 **Email id of the operator/supervisor:**

PHOTO OF OPERATOR / SUPERVISOR 14

It is to affirm further that, I was not previously working any enrolment agency as operator/supervisor.

It is hereby declared that the information and particulars furnished above are true and correct to the best of my/our knowledge and belief and nothing has been concealed.

13 **Place:** **Date:**01/12/2020 **Signature of Operator/Supervisor** 15

TO BE FILLED BY BANK

Operator/Supervisor will be working in his employer's EA as below:

Office Address: _____

District Address: _____

It is hereby declared that the information and particulars furnished above are true and correct to the best of my/our knowledge and belief and nothing has been concealed.

Place:

Date: Seal & Signature of Department Head/ Officer

(sign & seal of District's ADC/Aadhaar In-Charge)

TO BE FILLED BY UIDAI, RO

For UIDAI Regional Office

The above request has been thoroughly verified, after due diligence. The information and particulars above are found correct.

Place SSA/PMU

Date ADG/DDG