

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)