

Operator/Supervisor consent form for Association with EA

Sir/Madam,

I am willing to work with EA.....As an 'Operator'/'Supervisor',

My Details are as below

Full Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Father's Name:

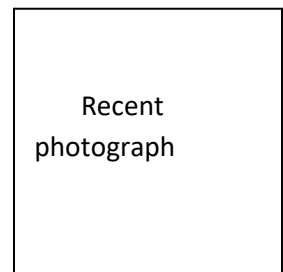
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

Education Qualification:

(Please tick a mark to the appropriate option)

10th 12th Graduation Post graduation



Aadhaar No. of the operator/Supervisor-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Certificate No. of the operator/Supervisor-

--	--	--	--	--	--	--	--	--	--

Mobile No. of the Operator/Supervisor-

--	--	--	--	--	--	--	--	--	--	--	--

Email of the operator/Supervisor-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

It is to affirm further that, I was previously working with the following Enrolment Agency and willfully Joined EA

.....as operator/Supervisor.

The Further details about my employment in concerned area till date is furnished below:-

Date of joining present employer/EA as operator/Supervisor

		/			/										
--	--	---	--	--	---	--	--	--	--	--	--	--	--	--	--

Date Month Year

The details of previously agency are furnished below:-

Name of the previous Employer/Enrolment agency:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Previous Enrolment Agency Code:-

Previous Enrolment Agency Code:

--	--	--	--

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:
operator/Supervisor

Signature of

RO OFFICE

The above request for association of operator with EA have been thoroughly verified after due diligence.

The information and particulars furnished above is found

Correct

Incorrect

Place:

Date:

Signature of SSA/PMU

Place:

Date:

Signature of ADG In charge/DDG

Correct:-Recommended for association with EA

Incorrect:-Not recommended for association with EA