EA Request form for Operator/Supervisor Association

Enrollment Agency Code:														
Enrollment Agency Name:														
Registrar Code:														
Registrar Name:														
Full Name of Operator / Supervisor:														
Aadhaar No. of Operator / Supervisor:														
Certificate of the Operator / Supervisor:														
Proposed User ID / Operator ID for the Operator/Supervisor:														
Status of Operator/Supervisor – Active/Inactive/Disassociated:														
Date of Joining with EA as Operator/Supervisor:														
Date Month Year														
The														
Operator/Supervisor will be working in Sweep Mode/Permanent Center in:														
State [,]														
State:														
State: District:														
District:														
District:														
District: Sub District:														
District: Sub District:														
District: Sub District: Details of the Enrollment Center in Charge/Owner where operator will be working														
District: Sub District: Details of the Enrollment Center in Charge/Owner where operator will be working														
District: Sub District: Details of the Enrollment Center in Charge/Owner where operator will be working Address of EC Incharge/Owner														
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Name of the person:																					
Na	Name of Organization:																				
Mo	bile I	No o	f Kit	Own	er:						Ī										
 In (Reason for Association of new Operator/Supervisor in the existing center In Case of any further details, the below may be contacted Agency Coordinator/State Head/District Head																				
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Agency Coordinator/State Head/District Head Mobile No.																					
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.																					
Pla	ce:																				
Dat	te:																				

Seal and Signature of Technical Coordinator/State Head of Enrollment Agency

Format for claim an Operator / Supervisor to associate on the UIDAI admin portal under EA Code

Operator's/Supervisor's Format-

Sir/Ma	dam,																												
I am willing to work with EA as an 'Operator' / 'Supervisor'.																													
My Details are as below-																													
Full Na	me:								I															1					
	Father's Name																												
Father'	ather's Name:													1	1														
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Addres	ss:																								1				
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10 th			12 th				Gradu					Ро	st G	radı	ıatio	n			Re	cent	Phot	ogr	aph						
Aadhaa	ar No	o. of	the (Opera	ator	/ Sı	uper	visor	٠-													,	•						
Certificate No. of the Operator / Supervisor -																													
Mobile	No.	of th	ne Oi	perat	or /	Sur	nervi	 sor -										L											
	1	<u> </u>		JC. U.	.0. /	<u> </u>		JO.																					
			\perp		/ 6		<u> </u>																						
Email I	D of	the (Oper	ator	/ Su	per	visor	· -	1			1	1												1				
It is to affirm further that, I was previously working with the following Enrolment Agency and willfully joined EA													e fol	lowi	ng E	nrolr	ment	t Ag	ency	and	willf	ully	join	ed E	4				
	attirr		as Operator / Supervisor.																										
	attirr												as C	ppei	ator	, Ju	The further details about my employment in concerned area till date is furnished below-												
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	rther	deta			-		-						a til	dat															
The fur	rther	deta			-		-						a til	dat															
The fur Date o	rther	deta	orese		mplo	oye	r/EA						a til	dat															
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knowledge and belief and nothing has been concealed.									
Place: Date:	Signature of Operator / Supervisor								
RO OFFICE									
The above request for association of operator with the EA have been the information and particulars furnished above is found	n thoroughly verified after due diligence.								
Correct :									
Incorrect :									
Place:									
Date:	Signature of SSA/PMU								
Place:									
Date:	Signature of ADG Incharge/DDG								
Correct: Recommended for association with EA									
Incorrect: Not recommended for association with EA									

It is hereby declared that the information and particulars furnished above are true and correct to the best of my/our