

## EA Request form for Operator/Supervisor Association

Enrollment Agency Code:

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Enrollment Agency Name:

Registrar Code:

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Registrar Name:

**Full Name of Operator / Supervisor:**

[illegible]**Aadhaar No. of Operator / Supervisor:**[illegible]

**Certificate of the Operator / Supervisor:**

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**Proposed User ID / Operator ID for the Operator/Supervisor:**

[illegible]

**Status of Operator/Supervisor – Active/Inactive/Disassociated:**

[illegible]

Date of Joining with EA as Operator/Supervisor:

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Date

Month

Year

The

[illegible]

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

State:

District:

[illegible]

Sub District:

[illegible]

**Details of the Enrollment Center in Charge/Owner where operator will be working**

[illegible]

**Address of EC Incharge/Owner**

[illegible]

**Aadhaar No of EC Incharge/Owner**

[illegible]

Mobile No of EC Incharge/Owner

[illegible]

**PAN No. of EC Incharge/Owner**

[illegible]

Name of the person: \_\_\_\_\_

Name of Organization: \_\_\_\_\_Mobile No of Kit Owner:Seal and Signature of Technical Coordinator/State  
Head of Enrollment Agency

### Operator's/Supervisor's Format-

as an 'Operator' / 'Supervisor'.

**Full Name:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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[illegible][illegible]**Aadhaar No. of the Operator / Supervisor -**[illegible]

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[illegible]

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

[illegible]

Year

**Name of the previous Employer / Enrolment Agency:**

[illegible]

Previous Enrolment Agency Code:

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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:

Signature of Operator / Supervisor

**RO OFFICE**

The above request for association of operator with the 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 Incharge/DDG

Correct: Recommended for association with EA

Incorrect: Not recommended for association with EA