EA Request From for Operator/ Supervisor Association

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Pan	Pan No. of EC in charge/ owner.												

Owner of the enrollment kit where operator will be working

Name of Person-

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Mobile no of kit owner:

Reason of Association of new operator / Supervisor in the existing center:

IN case of any further details, the below may be contacted:

Agency Co-coordinator / state Head / District Head Name:

Agency co-coordinator / state Head/ District head name Mobile number:

LI					

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 technical co-coordinator State head of Enrollment Agency

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:

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The Further details about my employment in concerned area till date is furnished below:-Date of joining present employer/EA as operator/Supervisor

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The details of previously agency are furnished below:-

Name of the previous Employer/Enrolment agency:

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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:-Rec	commended for association with EA	
Incorrect:-N	ot recommended for association with EA	