**ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION**

**Aadhaar based Biometric Attendance System**

***Employee Information Form***

|  |  |  |
| --- | --- | --- |
| Aadhaar Number |  | |
| Employee Name |  | |
| Organisation Name |  | |
| Designation |  | |
| Organisation Employee ID |  | |
| GPF Number |  | |
| Department |  | |
| Office Location |  | |
| DOB (dd-mm-yyyy) |  | Gender:  M  /  F |
| Communication Address |  | |
| District |  | |
| State | **ANDHRA PRADESH** | |
| Mobile No. |  | |
| E-Mail Address |  | |
| **Passport-size**  **Colour Photograph** |  | |

*Signature with Date*

*SIGNATURE OF THE REGISTRAR/PRINCIPAL*

Instructions:

(a)   Please provide a valid e-mail and mobile number for system alerts.