**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.