

Form for Biometric Attendance

SNo	Question	Response
1	Employee Name (As per Adhar Card)	
2	Date of Birth (As per Adhar Card)	
3	Gender	
4	Adhar Number	
5	Email (Preferably Official)	
6	Mobile Number	
7	Organization Name	
8	Employee Type (Government/On deputation etc)	
9	Division/ Unit	
10	Designation	
11	Office Location	
12	Employee Code	
13	Reporting Officer	
14	Date of Joining	
15	Valid Upto	
16	Photo	Email at parmar.n@icmr.gov.in

Date:

Place:

(Name, Designation & Signature of Competent
Authority)