**Operator/Supervisor Consent form for Registrar & EA**

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Enrollment Agency code: Registrar Code:

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Enrollment Agency Name:

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Registrar Name:

Sir/Madam,

I am willing t work with EA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an Operator/Supervisor.

My details are as below-

Full name:

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Father name:

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Current Resident Address:

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Educational Qualification:

(please tick a mark to the appropriate option)

10th12ThGraduation Post Graduation

Aadhaar No. of the Operator/Supervisor:

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Certificate no. of the operator/supervisor:

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Date of certification:

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Date Month Year

Mobile no. of the operator/supervisor:

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Email id of the operator/supervisor:

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It is to affirm further that, I was not previously working any enrolment agency as operator/supervisor.

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

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**Operator/Supervisor will be working in his employer’s EA as below:**

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: Seal & Signature of Department Head/ Officer

Date:

**For UIDAI Regional Office**

The above request has been thoroughly verified, after due diligence. The information and particulars above are found correct.

Place SSA/PMU

Date ADG/DDG