

**Format for Submitting Details of Bio-Metric Admin.**

(Scanned copy in JPEG format should be send through Email on id:- [eeroad1.hsamb@gmail.com](mailto:eeroad1.hsamb@gmail.com) by 19.06.2015.)

Name of Office: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Aadhar No(12digit): \_\_\_\_\_

Email-id: \_\_\_\_\_

Phone No: \_\_\_\_\_

Head/Incharge of office  
Signature with seal

