## **Government Medical College**

MAJURA GATE, SURAT-395001

EMPLOYEE REGISTRATION DETAIL FORMAT FOR ATTENDANCE PORTAL		
NOTE: FILL THE DETAIL IN ENGLISH LANGUAGE. FILL THE DETAIL IN CAPITAL LETTERS. FILL THE DETAIL USING BLUE BOLL POINT PEN ONLY. ALL THE DETAILS ARE COMPULSARY. (દરેક વિગત સુવાચ્ચ અક્ષરોમાં અને ફરજીયાત પણે લખવી)	Afix Pas Photo He	sport Size
ATTENDANCE ID: (Office Use Only)		
Employee Type [Government / Contractual / Out Sources]		
Employee Name [Enter your full name]  SURNAME EMPLOYEE NAME FATH	 HER/HUSBA	ND NAME
Date of Birth [format DD-MM-YYYY]  Gender [Male/Femal	e] <sub>.</sub> .	
Enter Aadhaar Number [12 digit Number]  Designation		
E-Mail  Machile No. (10 digit Number)		
Mobile No. [10 digit Number]  Agency Name  Supervisor Name		
Agency name	.,	
Employee Signature / Thumb		
,		•