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 સુવાચ્ય અક્ષરોમાં અને ફરજીયાત પણે લખવી)	- Afix Passport Size Photo Here
ATTENDA	NCE ID: (Office Use Only)	•
Employee	ent / Contractual / Out Sources]	
Employee	Name [Enter your full name]	
SURNAM	E EMPLOYEE NAME F	ATHER/HUSBAND NAME
	irth [format DD-MM-YYYY] Gender [Male/Fe	male]
E-Mail		
Mobile N	o. [10 digit Number]	
Departm	ent Name HOD / Incharge N	Name.
	Employee Signature / Thumb	