

INST Mohali

(Form for Biometric Registration)

First Name: _____ Middle Name: _____ Last Name: _____

Registration No.: _____

Designation: _____

Department: _____

Email ID: _____

Mobile Number: _____

Signature of the user

Head / Supervisor / Research Advisor's recommendations

I hereby recommend the above-named person to have Biometric Registration.

Signature _____

Name _____

Date _____

For Head IT Section use only / System Administrator

Emp. Code Generated by Biometric Machine _____

Date: _____

System Administrator

Head IT Section