User Creation Data Sheet for e-Pension System, UP

(For Super Administrator)

(To be filled by the Applicant)

1. Name of Applicant :_____
   (In Block letters)

2. Address :_____

3. Designation :_____

4. Department :_____

5. Office Address :_____

6. Contact : Phone _____ Mobile : _____

7. E-mail ID :_____

8. DSC Status : Yes ☐ No ☐

I hereby declare that the information furnished above is true to the best of my knowledge.

Place:
Date:

Signature with Seal

Authorization

(To be filled by concern authority)

This is to certify that Mr. / Mrs. _____ (applicant) has provided correct information in the application form for **Super Administrator** to the best in my knowledge.

NAME		
ORGANISATION		
DESIGNATION		(Signature of Authorized person with Seal)
DATE		
PLACE		

User Creation Data Sheet for e-Pension System, UP

(For Divisional Administrator)

(To be filled by the Applicant)

1. Name of Applicant :_____
   (In Block letters)

2. Address :_____

3. Designation :_____

4. Department :_____

5. Office Address :_____

6. Contact : Phone _____ Mobile : _____

7. E-mail ID :_____

8. DSC Status : Yes ☐ No ☐

I hereby declare that the information furnished above is true to the best of my knowledge.

Place:
Date:

Signature with Seal

Authorization

(To be filled by concern authority)

This is to certify that Mr. / Mrs. /Miss _____ (applicant)

has provided correct information in the application form for **Divisional Administrator** to the best in my knowledge.

NAME		
ORGANISATION		
DESIGNATION		(Signature of Authorized person with Seal)
DATE		
PLACE		

User Creation Data Sheet for e-Pension System, UP

(For Drawing & Disbursing Officer (Uploader))

(To be filled by the Applicant)

1. Name of Applicant :_____
   (In Block letters)

2. Address :_____

3. Designation :_____ DDO Code: _____

4. Department :_____

5. Office Address :_____

6. Concern Treasury :_____ Treasury Code : _____

7. Contact : Phone _____ Mobile : _____

8. E-mail ID :_____

9. DSC Status : Yes ☐ No ☐

I hereby declare that the information furnished above is true to the best of my knowledge.

Place:
Date:

Signature with Seal

Authorization

(To be filled by concern authority)

This is to certify that Mr. / Mrs. /Miss _____ (applicant) has provided correct information in the application form for **Drawing & Disbursing Officer** to the best in my knowledge.

NAME		
DESIGNATION		
ORGANISATION		(Signature of Authorized person with Seal)
DATE		
PLACE		

User Creation Data Sheet for e-Pension System, UP

(For Approver Authority)

(To be filled by the Applicant)

1. Name of Applicant :_____
   (In Block letters)

2. Address :_____

3. Designation :_____

4. Department :_____

5. Office Address :_____

6. Contact : Phone _____ Mobile : _____

7. E-mail ID :_____

8. DSC Status : Yes ☐ No ☐

I hereby declare that the information furnished above is true to the best of my knowledge.

Place:
Date:

Signature with Seal

Authorization

(To be filled by concern authority)

This is to certify that Mr. / Mrs. /Miss _____ (applicant)

has provided correct information in the application form for **Approver Authority** to the best in my knowledge.

NAME		
ORGANISATION		
DESIGNATION		(Signature of Authorized person with Seal)
DATE		
PLACE		

User Creation Data Sheet for e-Pension System, UP

(For Accountant (User)

(To be filled by the Applicant)

1. Name of Applicant :_____
   (In Block letters)

2. Address :_____

3. Designation :_____

4. Department :_____

5. Office Address :_____

6. Contact : Phone _____ Mobile : _____

7. E-mail ID :_____

8. DSC Status : Yes ☐ No ☐

I hereby declare that the information furnished above is true to the best of my knowledge.

Place:
Date:

Signature with Seal

Authorization

(To be filled by concern authority)

This is to certify that Mr. / Mrs. /Miss _____

(applicant) has provided correct information in the application form for **Accountant** to the best in my knowledge.

NAME		
ORGANISATION		
DESIGNATION		(Signature of Authorized person with Seal)
DATE		
PLACE		

User Creation Data Sheet for e-Pension System, UP

(For Verifier (AAO))

(To be filled by the Applicant)

1. Name of Applicant :_____
   (In Block letters)

2. Address :_____

3. Designation :_____

4. Department :_____

5. Office Address :_____

6. Contact : Phone _____ Mobile : _____

7. E-mail ID :_____

8. DSC Status : Yes ☐ No ☐

I hereby declare that the information furnished above is true to the best of my knowledge.

Place:
Date:

Signature with Seal

Authorization

(To be filled by concern authority)

This is to certify that Mr. / Mrs. /Miss _____ (applicant)

has provided correct information in the application form for **Verifier (AAO)** to the best in my knowledge.

NAME		
ORGANISATION		
DESIGNATION		(Signature of Authorized person with Seal)
DATE		
PLACE		

User Creation Data Sheet for e-Pension System, UP

(For Dealing Assistant)

(To be filled by the Applicant)

1. Name of Applicant :_____
   (In Block letters)

2. Address :_____

3. Contact : Phone _____ Mobile : _____

4. E-mail ID :_____

I hereby declare that the information furnished above is true to the best of my knowledge.

Place:
Date:

Signature

Authorization

(To be filled by concern authority)

This is to certify that Mr. / Mrs./Miss _____ (applicant) has provided correct information in the application form for **Dealing Assistant** to the best in my knowledge.

NAME				
DESIGNATION				
ORGANISATION			**DDO Code**	**PLACE**
Treasury		**Code**		
Date				
PLACE				(Signature of Authorized person with