

INST Mohali
(Form for Biometric Registration)

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

Registration No.: _____

Designation: _____

Department: _____

Email ID:

Mobile Number:

Self-Declaration: **This is to certify that the undersigned, working as _____, undertakes to mark his/her 'In' and 'Out' attendance regularly in the Biometric Attendance System of the Institute.**

(Signature of the user and Date)

Head / Supervisor / Mentor/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)