### Form ii: eoffice- New User /Additional Charge/Transfer/Promotion Charge

(Fill separate form for each individual)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Name** | **\*Designation** | **\*Employee No.** | **\*Date of Birth** | **\*Office Name**  | **\*Mobile No.** | **\*Mail ID** | **Date of Joining in UJVNL\*** |
|  |  |  |  |  |  |  |  |

**Note: Tick the box which is applicable.**

(All fields marked with \* are mandatory)

1. **New User**☐
2. **Additional Charge** ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Additional Charge** ☐

No of Additional Charge

|  |
| --- |
|  |

|  |
| --- |
|  |

Temporary ☐ (**Note: valid for 90 Days only)** Permanent Charge ☐

|  |
| --- |
|  |
|   |

Additional Charge Office Name  Additional Charge DesignationDate of Joining on AdditionalCharge |

1. **Transfer/Promotion Charge** ☐

**Office Name :**

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
|   |

 From  |

|  |
| --- |
|  |

To |

**Designation Name :**

|  |  |
| --- | --- |
|  Old Designation Name ………………………………  | New Designation Name…………………………… |

**\*Reporting Officer \*Reviewing Officer \*Final Authority**

**Name Name Name**

**Designation Designation Designation**

**F.B.No. F.B.No. F.B.No.**

**(\*Please sign and submit this form to email ID:** **eoffice@ujvnl.com** **and submit relevant document in case of Transfer & Promotion)**

**For IT office use only:**

|  |  |
| --- | --- |
| **Request No:** |  |
| **Fulfilled by:** |  |
| **Completed on:** |  |
| **Remarks if any concern:** |  |