

FORM	<p>NATIONAL INFORMATICS CENTRE GUJARAT STATE SSO USER ID FORM [For the purpose of accessing Intranet Applications of Govt. of Gujarat] (Please fill and submit to the nearest NIC office)</p>
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Part A-GEN	GENERAL
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PERSONAL INFORMATION	First name	Middle name	Last name	AFFIX PHOTO HERE
	Permanent Address			
	Present Address			(Please affix your Passport size Photograph)
				Date of Birth (DD/MM/YYYY) / /
	Designation	GPF / EIS Number <i>(For Govt. Staff only)</i>	Sex (Tick) <input checked="" type="checkbox"/>	
Email Address	Employee Category (Tick) <input checked="" type="checkbox"/>			
	<input type="checkbox"/> State Govt <input type="checkbox"/> Cent. Govt. <input type="checkbox"/> Board/Corp. <input type="checkbox"/> NGO <input type="checkbox"/> Private <input type="checkbox"/> Others			

OFFICE DETAILS	Office Name			
	Department Name			
	Office Phone Number-1 <i>(With STD Code)</i>		Office Phone Number-2 <i>(With STD Code)</i>	
	Office Fax Number		Mobile Number	
	Date of Joining in Service <i>(DD/MM/YYYY)</i>	/ /	Date of Joining in Present Post <i>(DD/MM/YYYY)</i>	/ /
	Whether User ID has created for any other application? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please furnish following information :-			
	(a)	Login ID :-		
	(b)	Application Name :-		
	If No, pls. give Preferred Login ID			
	(a)	Option - 1 :		
	(b)	Option - 2 :		
	(c)	Option - 3 :		
	Application Name in which access is required :			
	(a)			
(b)				
(c)				

Declaration

The information furnished above is true to the best of my knowledge and belief. I am solely responsible for the usage of the applications and responsible for any data loss/damage, arising from the usage of the same.

Signature of the User <i>(With Office Stamp)</i>	Signature of the Head of the Office <i>(With Office Stamp)</i>
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Part B - OFFICE	FOR NIC OFFICE USE ONLY
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NIC	1	User Created on :	
	2	User Created by :	
	3	Signature :	