

Kindly fill the following details and submit the form to e-Office Administrator.

S. No	Subject	Information to be filled in e-Office	Example
1	Name of the Employee in full		<i>Shri/Smt. First Name_ Last Name</i>
2	Date of Birth		<i>DD-MM-YYYY</i>
3	Gender		<i>Write whether male/female/other</i>
4	Date of joining in the Govt service		<i>DD-MM-YYYY</i>
5	Date of joining in PAG(Audit), Meghalaya		<i>DD-MM-YYYY</i>
6	Date of joining in present Section		<i>DD-MM-YYYY (if known)</i>
7	Employee ID		<i>MLSLA3150***</i>
8	Mobile Number (Active)		
9	Office Email ID		<i>Officialid @cag.gov.in</i>
1	Designation		<i>Designation in full</i>
1	Section		<i>Section name</i>
1	Post		<i>Sr.Auditor/Admn</i>
1	Marking Abbreviation		<i>Sr.Ar/Admn/ABC (initials of name)</i>
1	Reporting Officer		<i>Sr.AO/EDP</i>
1	Temporary/Permanent		<i>Write whether you are temporary or permanent</i>
1	Present Level		
1	Pay		
1	Pan card number		<i>PAN Card Number</i>
1	Aadhaar Card No.		<i>12 digit No</i>

Note: You are requested to fill the details with utmost care and clarity.

Signature of the Employee

Date: