**Kindly fill the following details and submit the form to Training Table/Administration Section for SAI Training Account Creation.**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Subject** | **Information to be filled in SAI Portal** | **Example** |
|  | **Name of the Employee in full** |  | ***Shri/Smt. First Name\_ Last Name*** |
|  | **Date of Birth** |  | ***DD-MM-YYYY*** |
|  | **Gender** |  | ***Write whether male/female/other*** |
|  | **Date of joining in the Govt service** |  | ***DD-MM-YYYY*** |
|  | **Date of joining in PAG(Audit), Meghalaya** |  | ***DD-MM-YYYY*** |
|  | **Date of joining in present Section**  |  | ***DD-MM-YYYY******(if known)*** |
|  | **Employee ID** |  | ***MLSLA3150\*\*\**** |
|  | **Mobile Number (Active)** |  |  |
|  | **Office Email ID** |  | ***Officialid @cag.gov.in*** |
|  | **Designation** |  | ***Designation in full*** |
|  | **Section** |  | ***Section name*** |
|  | **Post** |  | ***Sr.Auditor/Admn*** |
|  | **Present Level** |  |  |
|  | **Pay** |  |  |
|  | **Pan card number** |  | ***PAN* *Card Number*** |
|  | **Aadhaar Card No.** |  | ***12 digit No*** |

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

**Signature of the Employee**

**Date:**