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
1.	Name of the Employee in full		Shri/Smt. First Name_ Last Name
2.	Date of Birth		DD-MM-YYYY
3.	Gender		Write whether male/female/other
4.	Date of joining in the Govt service		DD-MM-YYYY
5.	Date of joining in PAG(Audit), Meghalaya		DD-MM-YYYY
6.	Date of joining in present Section		DD-MM-YYYY (if known)
7.	<b>Employee ID</b>		MLSLA3150***
8.	Mobile Number (Active)		
9.	Office Email ID		Officialid @cag.gov.in
10.	Designation		Designation in full
11.	Section		Section name
12.	Post		Sr.Auditor/Admn
13.	Present Level		
14.	Pay		
15.	Pan card number		PAN Card Number
16.	Aadhaar Card No.		12 digit No

Note: You are requested to fill the details with utmost care and cla
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Signature	of	the	Emp	loyee

Date: