### Form-i: ESS ID creation request

(Fill separate form for each individual)

|  |  |
| --- | --- |
| **\*Name** | Click or tap here to enter text. |
| **\*Designation** | Click or tap here to enter text. |
| **\*Employee No. (F.B. No.)** | Click or tap here to enter text. |
| **\*Date of Birth** | Click or tap here to enter text. |
| **\*Office/Plant Name** | Click or tap here to enter text. |
| **\*Mobile No.** | Click or tap here to enter text. |
| **e-mail ID** | Click or tap here to enter text. |
| **\*Type of User** | ESS ☐ MSS Approver☐ |

**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 via DMS/e-mail)

**For IT office use only:**

|  |  |
| --- | --- |
| **Request No:** | Click or tap here to enter text. |
| **Fulfilled by:** | Click or tap here to enter text. |
| **Completed on:** | Click or tap here to enter text. |
| **Remarks if any concern:** | Click or tap here to enter text. |