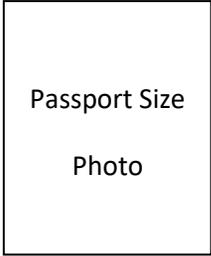


**Performa for Closure/ Transfer of User ID in VAHAN/ SARATHI**

1. Full Name: \_\_\_\_\_
  2. Gender: \_\_\_\_\_
  3. Designation: \_\_\_\_\_
  4. Name of Office: \_\_\_\_\_
  5. Authority Code: \_\_\_\_\_
  6. Official E-mail ID: \_\_\_\_\_
  7. Personal Mobile No.: \_\_\_\_\_
  8. Aadhaar No.: \_\_\_\_\_
  9. Attach copy: Employee ID & Aadhaar Card
  10. Phone Office: \_\_\_\_\_
  11. Office Address: \_\_\_\_\_  
\_\_\_\_\_ Pin Code: \_\_\_\_\_
  12. Employee Status:  
 Regular Employee  Outsourced/ PSTS Employee  Vendor Employee
  13. User ID of VAHAN: \_\_\_\_\_
  14. User ID of SARATHI: \_\_\_\_\_  
Closure of ID  Transfer of ID  (Tick) Appropriate  
a) In case of Transfer:  
Transfer of ID to Authority: \_\_\_\_\_ (Name of office where transferred)  
Attach copy of Transfer Order.
  - b) In case of Closure:  
Employee Retired  Employee Left  Any other reason \_\_\_\_\_
  15. I, \_\_\_\_\_ (Licensing & Registering Authority Name) recommend  
closure/ transfer of \_\_\_\_\_ (Name as mentioned at Sr. No.1).
- Name of Applicant: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_



Dispatch No.: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Designation of the Licensing & Registering Authority**

\_\_\_\_\_  
**Name of Licensing & Registering Authority**

\_\_\_\_\_  
**Signature & Stamp of Licensing & Registering Authority**

**For Office use:**

Forwarding No.: \_\_\_\_\_

Dated: \_\_\_\_\_

It is submitted that User ID/s of \_\_\_\_\_ (Name as mentioned at Sr. No.1) may be closed/  
transferred on the recommendation of the Authority.

Date: \_\_\_\_\_

Name of Employee  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

Nodal Officer: (Approved/ Not Approved)

Remarks: (for not approved)

**Name & Signature of Nodal Officer**