

WAPDA ERP USER ID APPLICATION FORM

(1) Name of Module for which ID is required _____.

(2) Name of Station/Office _____.

Sr #	Employee Number	Name of Employee and CNIC	Designation	Create / Delete	Previous ID in case of Replacement	Rights (Data Entry / Posting/ Verification / Reporting)	Mobile No.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Please Tick the following documents attached:

- : CNIC copy of Employee.
- : Wapda ID Card copy of Employee.
- : Charge Report/Internal office orders
- : Transfer Posting Orders.

Signature of Incharge

Counter-Signed:
MF(Hydel) Operation/Development/HQ

Signature Stamp of
Head of Office (DDO)

Instruction/Requirement of User ID

- (1). This form is applicable for user ID of WAPDA ERP only.**
- (2). Only contract/Regular Employees are eligible to apply. Daily Wages are not eligible to apply.**
- (3). Separate form will be used for every module.**
- (4). This form will be used through proper channel, no Online/Scanning will be admissible.**
- (5). Only relevant personal (mentioned in SOP of every module) will apply for respective software.**
- (6). Submission of form is not surety for the confirmation of your ID, final approval will be conveyed through SMS after the approval from competent authority.**
- (7). Bio-metric procedure and time will be conveyed after the opening of ID in system through SMS.**
- (8). In case of new user against existing user. The deletion of previous user is mandatory.**