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PAS PHOTO

3 X 4

FORMULIR PA/KPA OPD

PEMERINTAH KABUPATEN TAPANULI TENGAH

|  |  |  |
| --- | --- | --- |
| **ROLE** | **PA/KPA** | |
| OPD |  | |
| USER NAME |  | |
| PASSWORD |  | |
| KONFIRMASI PASWORD |  | |
| **DETAIL INFORMASI** | | |
| NAMA | |  |
| JABATAN | |  |
| ALAMAT | |  |
| STATUS PENGGUNA | | PNS |
| NIP | |  |
| GOLONGAN | |  |
| NOMOR TELEPON PA/KPA | |  |
| EMAIL PA/KPA | |  |
| NOMOR SK PA/KPA | |  |

Pandan, *Tanggal, Bulan* 2019

*KEPALA OPD*

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NIP. --------------------------------