



INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR
Howrah, West Bengal- 711103

JOINING REPORT

To: Dean, Faculty Affairs / Dean, Administrative Affairs

1.	Personal File No.: (for office use only)		3.	Designation :					
2.	Name of the Incumbent:		4.	Department :					
			5.	Telephone No.:					
6.	Name of the Leave availed: (Please ✓ the right option)	Earned Leave (EL)	Half Pay Leave (HPL)	Extraordinary Leave (EOL)	Adoption Leave	Child Care Leave	Commutated Leave	Special Leave (SL)	
		Sabbatical Leave	Vacation (for faculty)	Special Casual Leave (SCL)	Leave Not Due (LND)	Study Leave	Maternity Leave	Hospital Leave	Paternity Leave
7.	Leave taken as per para 6. :	From:	DD/MM/YYYY	To:	DD/MM/YYYY	No. of days:			
8.	Prefix/suffix of holidays, if any:	PREFIX			SUFFIX				
9.	The Date of resumption of duties after availing leave (para 6.):	DD/MM/YYYY							

Declaration

I do hereby declare that the information furnished above are true to the best of my knowledge and belief.

Date:

Signature of the Applicant

The incumbent has joined his duty on _____ after
 availing _____ leave from _____ to _____

Signature of Head of the Department/School/Center

(Signature of the Concerned Dean
with comments)