INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR Howrah: 711-103, West Bengal, India **JOINING REPORT** for PG Students and Ph.D Scholars To: The Dean, Academic Affairs Name of the Scholar/Student: Enrollment No: 3 Registration No: 2 Date of Enrollment: Date of Registration: 4 DD/MM/YYYY DD/MM/YYYY Department/School/Centre: 6 7 Student ID No: Telephone No: E-mail Id: Name of the Casual Special Medical Child Maternity leave availed: 10 Leave Leave Care Leave (Please $\sqrt{}$ the Leave (CL) (SL) (ML) Leave right option) DD/MM/YYYY DD/MM/YYYY From: 11 Leave taken as per para 10.: No. of days: 12 Prefix/suffix of holidays, if any: **PREFIX SUFFIX** 13 The date of joining of duties after availing leave (para 10.): 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 Scholar/Student in full The incumbent has joined his/her duty on ___DD/MM/YYYY __after aviling___ leave from <u>DD/MM/YYYY</u> to <u>DD/MM/YYYY</u>.

Signature of H.O.D./In-charge of section Signature of 1st Supervisor in full Signature of 2nd Supervisor in full Comments (Signature of the Concerned Dean with comments)