



INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR

Howrah, West Bengal- 711103

JOINING REPORT

To: The Director

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	Commuted 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:		To:		No. of days:			
8.	Prefix/suffix of holidays, if any:								
9.	The Date of resumption of duties after availing leave (para 6.):								

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 The Director

(Signature of the Concerned Dean
with comments)