



GAUHATI UNIVERSITY, GUWAHATI

JOINING REPORT

Ref.: Offer of appointment under Ref. No. dated

1.	Name in full	
2.	Date of Birth	
3.	Name of the Post	
4.	Relieving order no. & date (pl. enclose copy)	
5.	Permanent Address	_____ _____ _____

I do hereby accept the terms and conditions of the offer of appointment vide the reference cited above and also agree to abide by the terms and conditions of the services at this University. I may therefore be allowed to join the University for my duties as _____ with effect from (date) _____ at (time) _____ am / pm as per the offer of appointment.

Date : _____

Signature of the Candidate

FOR OFFICE USE

Certificates and other necessary papers verified and found correct. Subject to being declared medically fit by the Medical Authority of the University, Dr./Shri/Smt _____ may be allowed to join the University provisionally as _____ in the Dept./Branch/Centre of _____ on (date) _____ (forenoon / afternoon).

Joint / Deputy Registrar

Supdt. Establishment

Dealing Assistant

Approval of the Registrar :

Copy for information and necessary action to :

1. Treasurer
2. Concerned Head of the Academic / Administrative Department for information and necessary action
3. Any other :
4.
5.
6.