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| **JOINING REPORT** | **Form PS- 08** |

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| 1. | Name of the Project Staff  (In Block Letters) | | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Date of Birth (dd-mm-yyyy) | | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Father’s Name | | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Mother’s Name | | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | (a) | Gender | : |  | | | | | | (b) | | | Blood group | | | | | | | : |  | | | | | | | |
| 5. | Category and PwD | | : | UR ☐ OBC ☐ S.C ☐ S.T ☐ | | | | | | | | | | | | | | | | | | | | PwD ☐ | | | | |
| 6. | Marital Status | | : | Single ☐ Married ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Correspondence Address and contact details | | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| State: | | | | | | | | | | | | | | Pin: | | | | | | | | | | |
| 8. | Permanent Address and contact details | | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| State: | | | | | | | | | | | | | | Pin: | | | | | | | | | | |
| 9. | Mobile Number and Email | | : |  | |  | |  | | |  | | |  | |  | | |  | | | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Bank Account Details | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (a) | Bank Account No | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) | Bank Name | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) | Branch Name | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| (d) | IFSC Code | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Aadhaar Number | | : |  |  | |  | |  | | |  | | |  |  |  | | | | |  | |  | |  | |  |
| 12. | PAN Number | | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | Position Offered | | : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | Date and Session of Joining | | : | FN ☐ / AN ☐ | | | | | | | | | | | | | | | | | | | | | | | | |

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| 15. | List of Documents | | | |
|  | *No.* | *Document* | *Attached (y/n)* | *Verified by PI/CI (y/n)* |
|  | (a) | Signed copy of Offer letter\* |  |  |
| (b) | Terms and Conditions\* |  |  |
| (a) | Date of Birth Proof\* |  |  |
| (b) | 5 colour passport size photographs\* |  |  |
| (c) | Self-attested copies of educational qualifications\* |  |  |
| (d) | Self-attested copy of SC/ST/OBC/PwD (if any) |  |  |
| (e) | Medical Fitness\* |  |  |
| (f) | Character Certificate\* |  |  |
| (g) | Self-Attested Copy of valid Health Insurance Policy/ Papers related to medical coverage of at least Rs 50,000/- (with full payment of premium for at least 1 year). |  |  |
| (h) | Self-Attested Copy of valid Life Insurance / Personal Accident Insurance of at least Rs 50,000/- |  |  |
| (i) | NOC/Reliving Order from past employer/Other Project of IIPE |  |  |
| (j) | Bank Book Front Page/Cancelled cheque\* |  |  |
| (k) | Copy of Aadhaar card\* |  |  |
| (l) | Copy of PAN card |  |  |
| (m) |  |  |  |
| (n) |  |  |  |
| (xv) |  |  |  |
| \* *Mandatory documents* | | | |  |

Declaration by the Candidate:

* I have read and understood the terms and conditions of the appointment and agree to abide by them. I have enclosed copies of the following documents which are true to the best of my Knowledge and belief
* I have enclosed the original agreement on Rs. 100/- bond paper duly signed on all pages.

I hereby report to join my assignment at IIPE, Visakhapatnam.

**Place:**

**Date: Signature of the Candidate**

I confirm that Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has joined duty on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (FN/AN). I have verified that he/she has enclosed all papers as listed above as per advertisement and scrutiny/selection committee remarks. These are being forwarded to Office for necessary action.

Signature of PI/CI

Name:

Date:

**FOR OFFICE USE ONLY**  
  
Assigned Project Staff Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Signature of Office Staff**  **Date:** | **Signature of Associate Dean/Dean (R&D)**  **Date:** |