



राष्ट्रीय प्रौद्योगिकी संस्थान मणिपुर
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An Autonomous Institute under MHRD, Govt. of India.

JOINING REPORT

I, _____, Designation _____
after availing _____ day(s) of _____ (Nature of Leave)
w.e.f _____ to _____ hereby report for joining duty in the F.N./ A.N.
of _____.

I also enclosed herewith Medical Certificate/Medical Fitness Certificate.
(Application in case of leave on medical ground)

Signature of the applicant.
(With date)

CERTIFICATE BY HEAD OF THE DEPARTMENT

Certified that Mr./Ms./Dr./Prof. _____ joined in the
F.N./ A.N. of _____.

Forwarded to Director / Registrar / Assistant Registrar (Admn).

Signature of the Head of the Department.
(With date)