



JOINING REPORT

I, Dr./Mr./Mrs./Ms.....hereby resume my duties after availing _____ days earned/ commuted/ half pay/ maternity leave from _____ to _____ including extended leave (if any). Kindly accept my joining on _____ (FN./AN.)

Signature of the Employee with Date

**Signature
of the Head of the Department**

**Signature
of the Sanctioning Authority**