

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY SECTOR -16C, DWARKA, NEW DELHI-110075

JOINING REPORT AFTER AVAILING LEAVE

| I, | (Designation), | | | | |
|-------------------------|---------------------------------------|----------------------------|--|--|--|
| after availing | days Earned Leave/ Commuted | Leave/ HPL/ EOL/ Maternity | | | |
| Leave/ Paternity Leav | re/ Child Care Leave w.e.f. | to, | | | |
| hereby report for joini | ng duty in the F.N./A. N. of | The following | | | |
| dates, which were hol | idays/Sunday/Saturday may kindly b | e prefixed/suffixed:- | | | |
| I also enclose | herewith Medical Certificate/ Medical | al Fitness Certificate. | | | |
| (Application in case o | f leave on medical grounds). | | | | |
| Date: | Sign: | ature | | | |
| | Name | | | | |
| | | Code | | | |
| | Branch/Sc | chool | | | |
| | Mobile | e No | | | |
| | E- | -mail | | | |
| <u>Certif</u> | icate by Dean/Head of the School/ | Branch Officer | | | |
| Certified that | | joining in the F.N/A.N. | | | |
| of | | | | | |
| Forwarded to Personn | el Branch. | | | | |

Signature of the Dean/ Head of the School/ Branch Officer concerned.