



भारतीय प्रौद्योगिकी संस्थान इंदौर

खंडवा रोड, इंदौर 453 552

Indian Institute of Technology Indore

Khandwa Road, Simrol

Indore 453 552

IIT Indore

JOINING REPORT

Date: _____

To,
The Director,
Indian Institute of Technology Indore,
Khandwa Road,
Simrol, Indore- 453552

Respected Sir,

With reference to the Offer Letter No. _____ dated
____/____/____ and my acknowledge thereof, I report for duty as _____ in the
Discipline of _____ from the forenoon/afternoon of the _____
under the mentorship of _____.

Yours Faithfully.

Name and Signature of Candidate

Name and Signature of PI

Signature of Head of the Department

Dean R&D



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(All columns are mandatory)

1. Name of the Student _____
2. Designation _____
3. Date of Joining _____ (FN / AN)
4. Project No and Name of PI _____
5. Department / Section _____
6. Date of Birth _____
7. Religion/Community _____
(If belong to Minority Community) Yes / No
8. Category (GEN/SC/ST/OBC(NCL)/PH) _____ (Pl. attach copy of certificate)
9. Marital Status _____
10. Blood Group _____
11. Present Address _____
12. Permanent Address _____
13. Contact No. _____
14. Educational Qualifications (Pl. attach copy of certificate):

Qualification	Institute	Year	Percentage
10 th			
12 th			
Graduation			
Post-Graduation			
PhD			
Any other			

15. Father's Name _____
16. Mother's Name _____
17. Father's Contact No. _____
(Mob. and email ID)
18. Dependents _____
(If applicable as per IIT Indore health care rules)

I _____ do hereby declare that the information above is true. I also undertake to inform any changes in the above-mentioned information on occurrence of such change. I am fully aware that furnishing untrue information or suppressing of such change any information amounts to willfully furnishing wrong information and giving false declaration.

Date

Signature of Research Staff/Fellow



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**Details of Bank Account & PAN Card for
crediting salary & other reimbursement**

1	Name of the Applicant	
2	Designation	
3	Date of Joining	
4	Department / Section	
5	Name of Bank	
6	Branch Name/Address	
7	S.B. Account No.	
8	IFSC Code	
9	PAN Number	
10	Aadhar card Number	

This information is furnished for transferring Salary / other benefits in my S.B. Account.

NOTE: Copy of the front page of the passbook, PAN Card and Aadhar card duly self-attested shall be enclosed for verification and validation for activating the transfer

Date _____

Signature of the Applicant



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1. I certify that I am residing in a house hired/owned by me/my wife/ husband/ son/daughter/ father/mother a Hindu undivided family in which I am a co-partner.
2. I certify that I am incurring some expenditure on rent/contribution towards rent.

OR

3. I certify that the rental value of the house owned by me/owned by a Hindu Undivided family in which I am a copartner and in which I am residing is ascertainable in the manner specified in para 7 of O.M.No. F-2(37)-E.II(B)/64 dt 27.11.65. I certify that I am paying/ contributing towards house or property tax or maintenance of the house.
4. I Certify that I am not sharing accommodation allotted to my parent or children or wife/ (husband) by the Central Government, an autonomous public undertaking or semi-Government organization as Municipality, Port Trust etc. allotted license fee free to another Government servant.
5. I certify that my husband /wife /parents/ children/, who is /are sharing accommodation with me allotted to another employee of the Central Government /autonomous public undertaking or Semi-Government Organization like Municipality, Port Trust etc. is /are not in receipt of house rent allowance from the Central Government /State Government /autonomous public undertaking or Semi- Government Organization like Municipality, Port Trust etc.
6. I also certify that my wife /husband has not been allotted family accommodation at the same station by the Central Government, and autonomous public undertaking or semi-Government Organization such as Municipality, Port Trust etc.

Local Address in which residing: _____

Signature: _____

Name: _____

Designation: _____

Dept: _____

Note: It is to certify that Shri/Mr./Dr./Smt./_____

has vacated guest house / Institute accommodation w.e.f. _____

(It is required if an employee stays in Institute accommodation).

To,
DR (Admin)

Signature of In-charge
(Guest House / Institute accommodation)