



अनुसंधान और विकास अनुभाग
भारतीय प्रौद्योगिकी संस्थान इंदौर
खंडवा रोड, सिमरोल, इंदौर - 453552, भारत
Research & Development Section
Indian Institute of Technology Indore
Khandwa Road, Simrol, Indore 453552, India

IIT Indore

JOINING REPORT

		Date: / / .
1	Offer letter No.	
2	Offer Letter Date	
3	Candidate Name	
4	Position	
5	Project No.	
6	Department/Centre	
7	Date of Joining	
8	Forenoon/Afternoon	
9	Name of Principal Investigator	

Name and Signature of Candidate

Name and Signature of PI

Signature of Head of the Department

Signature of Dean/Associate Dean, R&D



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Annexure 1

IIT Indore

(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 (Pl. attach copy of certificate)	GEN/SC/ST/OBC(NCL)/PH		
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			

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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IIT Indore

Details of Bank Account & PAN Card for crediting salary & other reimbursements

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: A 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

UNDERTAKING

1. I/We, hereby agree that I shall abide by the admissible rules and regulations, concerning discipline, attendance, etc. of the Institute (IIT Indore) and follow the code of conduct prescribed, as in force from time to time and subsequent changes/modifications/amendments made thereto. I acknowledge that the Institute has the authority to take disciplinary actions against me for non-compliance of the same.
2. I/We hereby undertake to show due respect to the Principal Investigator and other Institute bodies and respect their decisions. The Principal Investigator of the project will be the main point of contact for all the research and project-related matters.
3. I/We hereby agree that I/We shall conduct ourselves within and outside the precincts of the Institute in a manner befitting the reputation of the Institution.
4. I/We hereby undertake that academic fraternity will not be contacted with a tendency to disturb the peace and tranquility of the administration of IIT Indore.
5. I/We hereby declare that, I shall be solely responsible for my involvement in any kind of undesirable/indisciplinary activities outside the campus, and shall be liable for punishment as per law. I, further understand that, the Institute shall in no way provide any support to me and will not be held responsible for my any such action.

Date:

Name and Signature

**Form for Availing Medical Facility at Health
Center, IIT Indore**

1	Name of the Applicant	
2	Designation	
3	Department /Section	
4	Office Memorandum No. with Date	
5	Project No.	
6	Name of the Principal Investigator	
7	Date of Joining	
8	Mobile No.	

NOTE: A minimum of ₹1500 for every six months will be charged from the salary/stipend/remuneration of this category as Health Care facility charges at the health centre for self only. This charge would be applicable for any duration of less than six months. This amount is subjected to revision from time to time.

- I hereby opt for availing the medical facility for self at health center, IIT Indore
- If I choose to opt out of healthcare services at any time, I will notify the R&D department to stop the deductions.

Date:

Name and Signature



भारतीय प्रौद्योगिकी संस्थान इंदौर
INDIAN INSTITUTE OF TECHNOLOGY INDORE

फॉर्म नंबर A7/Form No. A7

मकान किराया भत्ते की मांग हेतु घोषणा पत्र
DECLARATION FORM FOR CLAIMING HRA

1. मैं यह प्रमाणित करता हूँ कि वर्तमान में मैं स्वयं/ मेरी पत्नी/ पति/ बेटे /बेटी/ पिता/माता/ हिन्दू सम्मिलित परिवार द्वारा किराये / स्वामित्व के मकान में निवासरत हूँ, जिसमें मैं सहभागी हूँ।
I certify that I am residing in a house hired/owned by me/my wife/ husband/ son/daughter/ father/mother/ Hindu undivided family in which I am a copartner.

2. मैं प्रमाणित करता हूँ कि मैं किराए पर कुछ खर्च / किराए के लिए योगदान कर रहा हूँ।
I certify that I am incurring some expenditure on rent/contribution towards rent.

अथवा /OR

3. मैं प्रमाणित करता हूँ कि मेरे द्वारा स्वामित्व वाले घर का किराया मूल्य / एक हिंदू अविभाजित परिवार के स्वामित्व में, जिसमें मैं एक सहभागी हूँ और जिसमें मैं निवास कर रहा हूँ, कार्यालय-जापन क्र. एफ-2 (37) ई। II (ब) / 64 दिनांकित 27.11.65 के पैरा 7 में निर्दिष्ट तरीके से सुनिश्चित करने योग्य हैं। मैं प्रमाणित करता हूँ कि मैं घर या संपत्ति कर या घर के रखरखाव हेतु भुगतान / योगदान कर रहा हूँ।
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. मैं प्रमाणित करता हूँ कि मैं अपने माता-पिता या बच्चों या पत्नी /पति को केंद्र सरकार, स्वायत्त सार्वजनिक उपक्रम या अर्ध-सरकारी संगठन जैसे कि नगर पालिका, पोर्ट ट्रस्ट आदि द्वारा अन्य सरकारी सेवक को मुफ्त लाइसेंस आवंटित निवास में साझा नहीं कर रहा हूँ।
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. मैं प्रमाणित करता हूँ कि मेरे पति / पत्नी / माता-पिता / बच्चे /, जो / मेरे साथ आवास साझा कर रहे हैं, जो कि केंद्र सरकार के एक अन्य कर्मचारी को आवंटित / स्वायत्त सार्वजनिक उपक्रम या अर्ध-सरकारी संगठन जैसे नगर पालिका, पोर्ट ट्रस्ट आदि हैं, केंद्र सरकार / राज्य सरकार / स्वायत्त सार्वजनिक उपक्रम या अर्ध सरकारी संगठन जैसे नगर पालिका, पोर्ट ट्रस्ट आदि से मकान किराया भत्ता प्राप्त नहीं करते हैं।
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. मैं यह भी प्रमाणित करता हूँ कि मेरी पत्नी / पति को केंद्र सरकार द्वारा एक ही स्थान पर स्वायत्त सार्वजनिक उपक्रम या अर्ध-सरकारी संगठन जैसे नगर पालिका, पोर्ट ट्रस्ट आदि द्वारा पारिवारिक आवास आवंटित नहीं किया गया है।

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.

स्थानीय पता जिसमें निवास करते हैं _____ हस्ताक्षर/Signature: _____
Local Address in which residing: नाम / Name: _____
पद/ Designation: _____
विभाग /Dept: _____

टिप्पणी /Note:

यह प्रमाणित किया जाता है कि श्री / डॉ. / श्रीमती _____ ने अतिथि गृह / संस्थान आवास दिनांक _____ को खाली कर दिया है।

It is to certify that Mr./Dr./Smt./ _____ has vacated guest house / Institute accommodation w.e.f. _____

(यदि कोई कर्मचारी संस्थान के आवास में रहता है तो यह आवश्यक है)
(It is required if an employee stays in Institute accommodation)

प्रतिलिपि /To,
सं. कुल. JR (प्रशासन /Admin)

प्रभारी के हस्ताक्षर (अतिथि गृह/ संस्थान आवास)
Signature of In-charge (Guest House/Institute accommodation)