



ओड़िशा केन्द्रीय विश्वविद्यालय, कोरापुट
CENTRAL UNIVERSITY OF ODISHA, KORAPUT

JOINING REPORT

(ON COMPLETION OF EARNED LEAVE/COMMUTED LEAVE)

Name of the Applicant :
Employee No :
Designation & Section/Branch :
Leave Sanctioned : from _____ to _____

To
The Registrar,
Central University of Odisha

Sir,

I hereby report for joining my duty today, i.e _____ (FN/AN)
after availing _____ days of Earned leave / commuted leave from
_____ to _____

Medical Fitness form attached
(On completion of commuted leave): Yes / No

Date

Signature of the Application

Signature of the Head of Department/ Section
With date

Note: This form shall be sent to the Establishment section for record