

Indian Sign Language Research and Training Centre (ISLRTC)

Department of Empowerment of Persons with Disabilities, Divyangjan
Ministry of Social Justice & Empowerment
Module No. 403-405, 4th Floor, NSIC Business Park, Okhla Industrial Area,
New Delhi- 110020

JOINING REPORT AFTER AVAILING LEAVE

I, _____, after availing _____ days
Earned Leave/ Commuted Leave/ HPL/ EOL/ Maternity Leave/ Paternity Leave w.e.f.
_____ to _____. hereby report for joining duty in the F.N./A.N. of
_____. The following dates, which were holidays/ Sundays/
Saturdays may kindly be prefixed/ suffixed.

I also enclose herewith Medical Certificate/ Medical Fitness Certificate.
(Application in case of leave on medical grounds)

Signature of the officer/ official
Date _____ Name _____
Designation _____

Certificate by Office In-charge

Certified that _____ joined in the F.N./ A.N. of
_____.

Forwarded to Establishment branch.

Date _____ Signature of Officer In-charge

Deputy Director(A)/ Section Officer