

**DEPARTMENT OF NURSING SERVICES
JIPMER, PUDUCHERRY**

JOINING REPORT
(ON COMPLETION OF EARNED LEAVE / COMMUTED LEAVE)

Puducherry
Date:

Name of the Applicant (Mr. /Ms. /Mrs.):

Employee No : _____

Designation & Ward : _____

Nursing Section : I / II / III

To
The Director,
JIPMER,
Puducherry.

Sir,

This is to inform you that I have rejoined duty on forenoon after
completion of day off from toand Earned leave / Commuted
leave fromto

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

Signature of the Applicant

Signature of forwarding authority

NOTE: Please tick (✓) the needed field and strike out not required