



अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

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JOINING REPORT

I Shri/Smt/Ms_____ Designation
_____ hereby report myself for duty this day
_____ forenoon/afternoon after availing of
_____ days _____ from _____ to _____

Signature_____

Name_____

Designation _____

Department_____

Punching ID_____

Signature of Controlling Officer with date