

INDUSTRIAL RESEARCH & CONSULTANCY CENTRE
Office of the Dean (R & D)
INDIAN INSTITUTE OF TECHNOLOGY, BOMBAY
Powai, Mumbai-400 076

JOINING REPORT

From :- _____

Date : / /2010

(Name and address)

To,
The Dean (R & D)
Indian Institute of Technology,
Powai, Mumbai-400076

Sir,

With reference to your appointment letter No.DRD/Rect/Project/ /2010 dated / /2010.

I hereby declare that the terms and conditions mentioned therein are accepted to me and I report for duty as _____(Designation) for the _____sponsored/consultancy project undertaken in the Department of _____from the forenoon of the _____ day of _____ 2010 Marital status : _____

For Hostel Accommodation Please Apply online

I have been explained about all details of Medical Benefit schemes applicable to me. I am interested/not interested to avail this scheme.

Yours faithfully,

**Signature of the Head /
In charge of the Dept./Section**

**Signature of the
Prin. Investigator**

(For Office use only)

No.DRD/Rect/Project/2010

Date : / /2010

With reference to appointment letter No.DRD/Rect/Project/ /2010 dated / / 2010 and his/her acceptance thereof, _____ is permitted to join duty as temporary _____for the _____ sponsored/ consultancy project undertaken in the Dept./Centre of _____ from the forenoon of / / 2010.

Employee Code No. P0_____ File No. P_____ Project Code _____

Asst. Registrar (R&D)

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DECLARATION TO BE GIVEN BY AN EMPLOYEE

AT THE TIME OF JOINING SERVICES

1. Name in Full : _____
(In Capital letters & underline Surname)
2. Circular /Advertisement No. (If any) : _____
3. Male /Female : _____ 4. Martial Status : _____
5. Date of Birth : / / 6. Nationality : _____
7. Blood Group (Mandatory) : _____ 8. Community : _____
9. Marks of Identification : _____
10. Present Address (Local) : _____

Pin _____ Phone _____
11. Address for Correspondence (Permanent Address) : _____

Pin _____ Phone _____

12. Dependent Details **(For married persons only)** :-

Sr. No,	Name	Age	Relation	Occupation	Income	Place of Residence
1						
2						
3						

13. Home Town (with Dist. & State) : _____

14. Nearest Railway Station : _____

15. Email ID : _____

16. Educational / Professional Qualifications (Starting from +2) :

Certificate/Degree	College Univ./Institute	Year of Passing	% of Marks	Class Obtained

17. Experience (Previous Employment)

Organization	Position Held	Date of Joining	Date of Leaving	Salary Drawn

I hereby declare that all information is true to the best of my knowledge and belief.

Date : _____

Place : _____

Signature of the Applicant

CONFIDENTIALITY AGREEMENT

NAME : _____

Designation : _____ Department : _____

In participating in consultancy / sponsored project, I will abide by the requirement indicated below:

1. I will not, directly or indirectly, divulge any information connected with the project to any person(s) other than those authorized by the project investigator.
2. I shall keep and maintain systematic records of all data, results, etc. and will not divulge these to a third party.
3. I shall not make / keep additional copies of any data / results / reports pertaining to the project without the express permission of the project investigator.
4. I agree that all papers / drawings / computer software and other records in my possession pertaining to the project will be the property of Indian Institute of Technology Bombay and I shall have no claim on the same and I will hand over all these documents to the project investigator before I resign from / leave the project.
5. Even after my resignation / termination of appointment, I will not disclose any confidential information (made available to me during my tenure) to any third party.
6. I agree that all intellectual property generated through the project will belong exclusively to Indian Institute of Technology, Bombay.
7. I have read the above confidentiality agreement carefully and accept that this is a legally valid and binding obligation and hereby agree to sign the same.

Signature of the Candidate : _____

Date : / /2010

Name of the Witness : _____ Designation : _____
(Any Project Staff/IIT Staff /
Student in your Department)

Witness Signature : _____

Through Principle Investigator
(Signature of P.I.)