Form No: DOAD-IP-205



Indian Institute of Technology, KanpurOffice of Dean, Administration

JOINING REPORT

Part-A (To be filled by the	e Candidate)	Date:							
Name of the Candidate (As per SSC Certificate)									
Date of Birth									
Father's Name									
Marital Status	Single Married Bloo	od Group							
Gender	Male Female								
Category	Unreserved OBC SC ST Person with Disability								
Present communication address with contact details	City & State:	Pin code:							
	City & State.	Titt code.							
Permanent address with contact details		Т							
	City & State:	Pin code:							
Phone No. and E-mail id									
Bank Account Details	SBI/ UBI Bank A/c No:	IFSC							
PAN	Aadhaar No.								
Project Number									
Designation Offered									
Date of Joining	Term End date								
Salary per month ₹									
 I have enclosed the 	derstood the terms & conditions of the appointment are original agreement on Rs 100/- bond paper duly signesse of Appointment through Selection Committee and their E	ed on all pages.							
Documents attached (se	elf-attested)	Signature of the Candidate							
 Copy of Appointme Address Verificatio Copy of Aadhaar C Agreement of Rs. 10 	on Proof								
(Na	me and Signature of Head/Faculty-in-charge/Of	9 ,							
Part-B (For DOAD office use only)									
PF. No Allotted	Date of Joining	A							
		Accepted							

Jr. Supdt./ Supdt.

Dealing Assistant

Assistant Registrar (Admin.)

Section of the sectio

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

"MANDATE FORM OF BANK"

E-Payment using Digital Signatory Payment facility for receiving salary and others payments through Treasury Single Account (TSA) PFMS website.

Kindly provide registered "Vendor Unique Code" of PFMS, if already registered in PFMS Website.

Vendor Unique Code of PFMS												
			OR	<u> </u>								
Note: In case not registered vendo	or code	e in F	PFMS	webs	ite, ki	ndly	fill/ver	ify the	follo	ving d	etails.	
A). Personal details of Project Emplo	yee (CAP	ITAL	LET"	ΓER)							
Full Name of Institute Project Employees* (Name in Institute data & Bank Records should be same)												
Personal File (PF) No.* (Attach Copy of appointment letter)												
Designation*												
Department*							Date o	f Birtl	1*			
Gender*	Ма	le					Fe	male				
Father/ Husband Name*												
Aadhaar Card No.* <mark>(Attach Copy)</mark>												
PAN Card No.* <mark>(Attach Copy of PAN)</mark>												
Mobile No.* (as per in bank account)												
E-mail ID*												
Institute Project Employee Residency address with district, city, state, pin code as in Aadhaar Card*												
B). Bank Account details of Project Ei	nploy	ree (CAPI	TAL	LETT	ER)						
Bank Name* <mark>(Attach Copy of Passbook)</mark>												
Bank Account Number* (As appearing in the pass book)												
FSC Code of the Bank*												
Mandatory. Please fill the informati	on co	rrec	tly to	avo	id pr	oble	m in re	eceivi	ng po	ıymer	its.	_
eclaration:												
	,				,	,						,
hereby declare that the particulars give ffected at all for reasons of incomplete o												
						Si	gnature	of Pro	oject l	Emplo	yee &	: date
FOR USE OF FINANCE	CE & A	CCO	UNT:	S OFF	ICE, I	IT K	<u>ANPUR</u>	ONLY	<u> </u>			
Vendor Unique Code Created in PFM	IS Por	rtal										