



## JOINING REPORT OF THE PROJECT STAFF

(To be submitted in the SRIC Office)

### CHECK LIST

IMPORTANT: At the time of Joining, the candidate has to bring the following documents with the Joining Report and hand over personally to SRIC Recruitment Section with the original Certificates for Verification :

1. Joining Report
2. Character Certificate
3. Attestation Form
4. Undertaking Form
5. Relieving Certificate from the present employer (wherever required)
6. Resume/Bio-Data
7. X Std Certificate (self-attested)
8. XII Std Certificate (self-attested)
9. All Degree / Diploma & Ph.D Certificate(s) (self-attested)
10. GATE / NET exam Certificate (wherever required) (self-attested)
11. Medical Report

I \_\_\_\_\_ Son/Daughter/Wife of \_\_\_\_\_ certify that the information/documents furnished along with the joining report are true and authentic to the best of my knowledge and belief. I am well aware of the fact that furnishing of any false/ misleading information/ fabricated document would lead to termination of my appointment at any stage and the Institute reserves the right to recover salaries paid and to take legal action.

Date:

Signature

Place:

Name:

## JOINING REPORT

From:

Date: .....

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To

The Assistant Registrar  
SRIC  
IIT Mandi -175 001 (H.P)

Sir/Madam,

With reference to the Offer Letter No. \_\_\_\_\_ dated \_\_\_\_\_,  
I accept the terms & condition, including the duration of appointment contained in  
the letter and report for duty on \_\_\_\_\_ forenoon.

Yours faithfully,

FORWARDED

PROJECT INVESTIGATOR

## SPONSORED RESEARCH & INDUSTRIAL CONSULTANCY

### UNDERTAKING ON ACCEPTANCE OF THE APPOINTMENT

I \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ residing at \_\_\_\_\_ have been offered the post of \_\_\_\_\_ under Sponsored Research & Industrial Consultancy, Indian Institute of Technology Mandi, Mandi-175001 (H.P.) to work in the Project \_\_\_\_\_ in the School of \_\_\_\_\_ under \_\_\_\_\_ PI of the Research Scheme. I accept the offer and undertake that:

- i) During the entire tenure of the appointment, I shall abide by the Rules and Regulations of the Sponsored Research & Industrial Consultancy.
- ii) I shall also abide by the rules/ discipline of the School where I have to work.
- iii) I shall devote whole of my time to research during the period of my employment in the Project/ Projects as provided in the Rules.
- iv) I also hereby declare that if the results of research are such that these can be exploited, commercial exploitation and patent rights will rest exclusively with the Sponsored Research & Industrial Consultancy, Indian Institute of Technology Mandi, Mandi - 175 001 (H.P.)

SIGNATURE OF THE PROJECT STAFF

Date:

Countersigned by

Place:

Principal Investigator:

## CERTIFICATE OF IDENTITY AND CHARACTER

Certified that I have known Sh./Smt./Kumari \_\_\_\_\_  
son/daughter/wife of Sh. \_\_\_\_\_ and he/she bears good  
character and has no antecedents which render him/her unsuitable for  
employment in Sponsored Research & Industrial Consultancy, Indian  
Institute of Technology Mandi, Mandi- 175001 (H.P.).

2. Sh./Smt./Kumari \_\_\_\_\_ is not related to me.

Place:

Date:

Signature:

Designation:

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This certificate should be obtained from the head of the educational  
Institution last attended by the candidate if he/she was not previously  
employed or from his/her last employer, as the case may be or from  
a Gazetted Officer.

## ATTESTATION FORM

WARNING: The furnishing of false information or suppression of any actual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for employment under the rules. If it is found that false information has been furnished or there has been suppression of any factual information in the Attestation Form, his/her services would be liable for termination.

1. Name in full(Capitals)	Surname	Name
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2. Present address

3. Permanent Address

4. Particulars of places (with periods of residence) where you have resided for more than one year at a time during the preceding five years.

From To	Residential address in full	Name of the District Head quarters of the place mentioned in the preceding column
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5. a) Father's/ Husband's name in Full  
b) Present Postal Address  
c) Permanent Address  
d) Profession  
e) If in service, give designation and official address

6. Nationality of  
 a) Father  
 b) Mother  
 c) Husband/Wife  
 d) Candidate

7. Date of Birth as per  
 (Matriculation certificate)

8. a) Place of Birth, District and State in which it is situated  
 b) District and State to which you belong

9. a) Do you belong to Scheduled Caste/ Scheduled Tribe/ OBC?  
 Answer 'Yes' or 'No' and if the ans Is 'Yes' state the name there of

10. Educational Qualifications showing places of education with years in schools and colleges since 15<sup>th</sup> year of age.

Name of the School/College	Date of Entering	Date of Leaving	Examination passed

11. If you have, at any time been employed, give details:

Designation of post held or description of work	Period		Full office address	Reason for leaving the previous service
	From	To		

12 Have you ever been prosecuted, kept under detention, or bond/ found convicted by a Court of Law for any offence or debarred/ disqualified by any Public Service Commission, from appearing at its examinations/selections?

If the answer is 'Yes' full particulars of the case of detention, fine, conviction, sentence etc. should be given.

Is any case pending against you in any Court of Law at the time of filing up this attestation form?

13 Name & address of two responsible persons of your locality or two referees to whom you are known.

(i)

(ii)

#### DECLARATION

1. I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.
2. I declare that I am not under any bond or agreement or under obligation to serve the Central Government, University or a public authority of undertaking or institution.
3. I declare (tick the correct option)
  - i) that I am unmarried / a widower / a widow
  - ii) that I am married and have only one wife living
  - iii) that I am married and my husband has no other living wife, to the best of my knowledge

Date:

Place:

Signature of the Candidate

CENTRE FOR SPONSORED RESEARCH & INDUSTRIAL CONSULTANCY  
INDIAN INSTITUTE OF TECHNOLOGY MANDI MANDI-175001 (H.P.)

PROJECT STAFF DATA FORM  
(Please fill up in BLOCK LETTERS and also provide all information)

Please affix a  
recent colour  
passport size  
photo

Name:

Sex: Male/Female

Date of Birth:

Project No.:

Project Title:

Nature of Appointment: ADHOC / Walk-in Interview / Through Advertisement

Designation:

School:

Phone (Mobile):

E-mail ID:

PI:

Joined on:

Valid Till:

Blood Group: \_\_\_\_\_ Rh: Pos/Neg \_\_\_\_\_ Marital Status: Married/Unmarried

Present Address:

Pin Code:

Phone No.:

Permanent Address:

Pin Code:

Phone No.

Contact Person in case of emergency

His/Her full address:

Drug Allergy (If any):

Major Illness/Operation/Accidents (If any with date)

Date :

Signature of the Staff Member

Signature of Asstt. Registrar, SRIC

Signature of Principal Investigator



CENTRE FOR SRIC, IIT MANDI

UNDERTAKING

I \_\_\_\_\_ (hereinafter referred to as Employee) son/daughter/wife of \_\_\_\_\_ residing at \_\_\_\_\_, in consideration of the temporary employment that I hold under, the sponsored/consultancy project titled \_\_\_\_\_ under \_\_\_\_\_ of School of \_\_\_\_\_ as PI (hereinafter referred to as Principal Investigator) taken up at the Indian Institute of Technology Mandi (hereinafter referred to as "Institute") agree and declare as follows.

- a) I shall from time to time disclose fully the progress of any investigation / inventions carried out by me to the Principal Investigator while in the employment in the project.
- b) I shall hold any information/ investigation arising out of or in connection with the said investigation in trust on behalf of the institute and forthwith disclose to the Principal Investigator a full and complete description of the nature of the said invention and the mode of performing the same.
- c) I shall not make copies of any documents or software without the consent of the Principal Investigator.
- d) I shall not publish the results of the said investigation without the prior approval of the Principal Investigator.
- e) I shall if and whenever required by the Principal Investigator join with the Principal Investigator on applying for Patent in India and other countries for the said invention or any such improvement thereon and shall on request execute and do all such instruments and things necessary to vest the said invention and improvements and any Patent that may be obtained in respect thereof in the Institute or any person appointed by the Institute in that behalf.
- f) The Institute, as sole owner or one of the owners of such invention, may make such arrangements as it deems fit without referring to me, for development and exploitation of such invention.
- g) During my employment and up-to five years thereafter or to such time as required by any MOU in the project, I will not disclose to anyone or use for any purpose other than my work for Institute i) any confidential or proprietary information ii) any information Principal Investigator has received from other that is obligated to be treated as confidential or proprietary.
- h) I will also not disclose confidential or proprietary information to other Institute/ Project employees except on a "need-to-know" basis, and will not disclose third party confidential or proprietary information except as permitted. "Confidential or proprietary information" means all data and information in whatever form, tangible or intangible, that is not generally known to the public. But is not limited to, information and material related to past, present and future development, manufacturing activities; technical specifications, drawings, and designs; prototypes; computer programs; and databases.
- i) When my employment in the project terminates, I will return to the Principal Investigator all property in my possession belonging to project or received from any third party by Principal Investigator, whether or not containing confidential information, including, but not limited to, diskettes and other storage media, drawings, notebooks, reports and other documents.

Executed by me, on ...../...../..... SIGNATURE OF EMPLOYEE

Signed in my presence \_\_\_\_\_  
Signature of Principal Investigator

# Indian Institute of Technology Mandi

## MEDICAL REPORT

(to be issued by a Registered Medical Practitioner)

<b>1</b>	<b>Name of the candidate:</b>	<b>2. Gender</b>	<b>3. Age</b>
<b>4.</b>	Identification Mark ( a mole, scar or birthmark), if any		
<b>5.</b>	Major illness/operation, if any (specify nature of illness/operation, enclose details)		

### Part-A

<b>6</b>	<b>Self Declaration (to be filled by the candidate)</b>			
	<b>Candidate's Medical details</b>	<b>Yes</b>	<b>No</b>	<b>Please provide the details</b>
	<b>(I) General Declaration</b>			
	<ul style="list-style-type: none"> <li>• Do you suffer from any defect of vision?</li> <li>• If yes, has it been corrected by suitable spectacles?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Can you readily distinguish between the pigmentary colors, Red and Green?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Do you suffer from a degree of deafness which would prevent you from hearing normal conversation and ordinary sound signals?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Do you have any physical deformity/handicap or use any mechanical/physical assistance for mobility?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Do you have any congenital disorder/abnormality?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Have you ever been diagnosed to have any Psychiatric ailment including Depression, Anxiety Neurosis, Phobic Disorders, Schizophrenia, Manic Depressive Psychosis or any other Psychiatric illness?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Have you had any form of critical illness or operation in the last two year?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Have you ever been diagnosed to have Cancer, Tumor, Cyst or any similar type of growth?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Have you had any Epileptic Fit</li> </ul>			
	<ul style="list-style-type: none"> <li>• Have you ever been diagnosed with an alcohol or drug abuse problem? If yes, are you on treatment for the same?</li> </ul>			
	<b>(II) Declaration about Past Medical/Surgical Treatment undertaken</b>			
	<ul style="list-style-type: none"> <li>• Allergies/Bronchial asthma/Tuberculosis</li> </ul>			
	<ul style="list-style-type: none"> <li>• Abdomen including Urinary Tract</li> </ul>			
	<ul style="list-style-type: none"> <li>• Locomotor system (Spinal/Vertebral column/Joints)</li> </ul>			
	<ul style="list-style-type: none"> <li>• Cardiovascular system</li> </ul>			
	<ul style="list-style-type: none"> <li>• Neurological disorder/Psychological disorders</li> </ul>			
	<ul style="list-style-type: none"> <li>• Sexually-transmitted/Venereal Diseases/Skin</li> </ul>			
	<ul style="list-style-type: none"> <li>• Hepatitis</li> </ul>			
	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>			
	<ul style="list-style-type: none"> <li>• Rheumatism</li> </ul>			
	<ul style="list-style-type: none"> <li>• Thyroid Disease</li> </ul>			
	<b>(III) Declaration about Family History of any major illness</b>			
	<ul style="list-style-type: none"> <li>• Tuberculosis</li> </ul>			
	<ul style="list-style-type: none"> <li>• Leprosy</li> </ul>			
	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>			

• Hypertension			
• Ischemic Heart diseases			
• Psychiatric illness			
• Cancer			

**Candidate's Undertaking**

I declare that to the best of my knowledge, the answer to the questions in this form as given above are correct and that I am not suffering from any disease/illness, the presence of which has not been revealed here. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer/admission. I have no objection to IIT Mandi seeking or going for specific investigations either through institute Medical Unit or outside institute to examine the declaration. In case of any discrepancy arising out of my declaration, I will be undergoing the medical check-up by the institute suggested medical clinic/doctor (at my own cost) and their finding will be fully binding on me and any action thereon towards my admission will be accepted by me.

Date: \_\_\_\_\_

Name & Signature: \_\_\_\_\_

**To be filled by a Medical Officer at IIT Mandi Medical Unit**

<b>7</b>	Height in cm	Weight in Kg
<b>8</b>	Blood Group	
<b>9</b>	Blood Pressure (at the time of examination)	
<b>10</b>	Respiratory System	
<b>11</b>	Nervous System	
<b>12</b>	Heart (a) Sounds	(b) Murmur
<b>13</b>	Any other defects:	

**Doctor's Certification**

The candidate has been examined without any intrusive investigation. In general, the fitness of the candidate is appears normal and fir for the purpose of admission to IIT Mandi. The certificate is only meant for admission at IIT Mandi and carries no medico-legal implications other than those made under self-declaration.

Signature

Name of the Doctor

Seal of the Doctor

Date: \_\_\_\_\_ .