

JOINING REPORT

From,

Name _____

Permanent Address _____

Permanent Address _____

Permanent Address _____

To,

The Principal,

Pushpagiri Institute of Medical Sciences & Research Centre,

Tiruvalla - 689101

Sir,

I hereby acknowledge the receipt of appointment order Dated:____/____/2024

from the Principal, Pushpagiri Institute of Medical Sciences & Research Centre

appointing me as **PG Student cum Junior Resident, Department of _____**

I report for duty on ____/____/ 2024__ **F N / A N**

Yours faithfully,

Signature

Signature of the Head of Department / In charge

Signature of the Principal

Signature of the Director

Tiruvalla

Date:_____