



GAUHATI UNIVERSITY, GUWAHATI

JOINING REPORT

Ref. Offer of appointment under Ref. No. GU/IDOL/AC/1/2016/0011-0018 dated 04.04.2016

1	Name in full	<u>DR. CHAYANIKA SARMA</u>
2	Date of Birth	<u>07.01.1983</u>
3	Name of the Post	<u>ASSISTANT PROFESSOR</u>
4	Relieving order no. & date (pl. enclose copy)	
5	Permanent Address	<u>C/O - BHABESH SARMA, JATIYA, H No - 3, MEMAN ACADEMY BY-LANE, KAHILIPARA ROAD, GHY - 6.</u>

I do hereby accept the terms and conditions of the offer of appointment vide the reference cited above and also agree to abide by the terms and conditions of the services at this University. I may therefore be allowed to join the University for my duties as Assistant Professor with effect from (date) 05-04-2016 at (time) 10:00 am / pm as per the offer of appointment.

Date 05/04/2016

Chayanika Sarma
Signature of the Candidate

FOR OFFICE USE

Certificates and other necessary papers verified and found correct. Subject to being declared medically fit by the Medical Authority of the University, Dr. Sarma: Chayanika Sarma may be allowed to join the University provisionally as Assistant Professor in the Dept. Branch/Centre of G.U. I.D.O.L on (date) _____ (forenoon / afternoon)

Dr. S. U. 16
Joint / Dep. Registrar
Gauhati University, IDOL

[Signature]
Supdt. Establishment

Dealing Assistant

Approval of the Registrar :

Copy for information and necessary action to :

1. Treasurer
2. Concerned Head of the Academic / Administrative Department for information and necessary action
3. Any other :
4.
5.
6.

Dr. S. U. 16
12/8/2016
DIRECTOR
GUCCOE, GAUHATI UNIVERSITY