



# Indian Institute of Technology, Kanpur

## Office of Dean, Administration

### JOINING REPORT

**Part-A (To be filled by the Candidate)**

Date:

Name of the Candidate (As per SSC Certificate)							
Date of Birth							
Father's Name							
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Blood Group				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>					
Category	Unreserved <input type="checkbox"/>	OBC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	Person with Disability <input type="checkbox"/>		
Present communication address with contact details							
	City & State:				Pin code:		
Permanent address with contact details							
	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 ₹							

**Declaration:**

- I have read and understood the terms & conditions of the appointment and agree to abide by them.
- I have enclosed the original agreement on Rs 100/- bond paper duly signed on all pages.  
(Applicable only in case of Appointment through Selection Committee and their Extension but not on Adhoc Appointment)

**Documents attached (self-attested)**
**Signature of the Candidate**

- |  |   |
|--|---|
| 1. Copy of Appointment Letter <input type="checkbox"/>         | 2. Copy of PAN Card <input type="checkbox"/>              |
| 3. Address Verification Proof <input type="checkbox"/>         | 4. Copy of Bank Pass Book <input type="checkbox"/>        |
| 5. Copy of Aadhaar Card <input type="checkbox"/>               |   |
| 6. Agreement of Rs. 100/- Stamp paper <input type="checkbox"/> | (Not applicable in case of Student and Adhoc appointment) |

(Name and Signature of Head/Faculty-in-charge/Officer-in-charge)

**Part-B (For DOAD office use only)**

PF. No Allotted		Date of Joining	
Dealing Assistant	Jr. Supdt./ Supdt.	Assistant Registrar (Admin.)	Accepted  Deputy Registrar ( Admin.)



# 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	
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OR

Note: In case not registered vendor code in PFMS website, kindly fill/verify the following details.

### (A). Personal details of Project Employee (CAPITAL LETTER)

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 of Birth*		
Gender*	Male		Female	
Father/ Husband Name*				
Aadhaar Card No.* (Attach Copy)				
PAN Card No.* (Attach Copy of PAN)				
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 Employee (CAPITAL LETTER)

Bank Name* (Attach Copy of Passbook)	
Bank Account Number* (As appearing in the pass book)	
IFSC Code of the Bank*	

**\* Mandatory. Please fill the information correctly to avoid problem in receiving payments.**

### Declaration:

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect I would not hold the user Institution responsible.

Signature of Project Employee & date

### FOR USE OF FINANCE & ACCOUNTS OFFICE, IIT KANPUR ONLY

Vendor Unique Code Created in PFMS Portal	
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Signature of TSA personnel & date