



पुण्यश्लोक अहिल्यादेवी होळकर सोलापूर विद्यापीठ, सोलापूर
Punyashlok Ahilyadevi Holkar Solapur University, Solapur



Joining Report for Teachers in the Campus Schools

Applicant Name : -----
Designation :-----
Department :-----
Biometric No. :-----
Date :-----

To,
Hon'ble Registrar,
Punyashlok Ahilyadevi Holkar Solapur University,
Solapur.

Subject : Joining Report...

Sir,

With reference to the above cited subject Myself Dr./Shri./Smt. _____
availed Duty Leave/On Duty Leave/Medical Leave/Earn Leave from the date _____
to _____ and joining the duties today _____ before noon.

(Copies of relevant documents/Medical Certificate are attached / not attached herewith.)

Yours Faithfully,

(_____)

Remarks of the Director: Recommended / Not Recommended.

Seal and Signature of the Director Concerned School