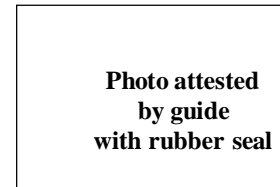


Department of Health Research

JOINING REPORT

AWARD OF JUNIOR RESEARCH FELLOWSHIP



Name of Awardee

National Eligibility Test Date (Attested Copy to be enclosed):

This is to certify that ..... has joined the Department of ..... for doing ..... Ph.D.....under the above scheme of the **Department of Health Research** with effect from .....(F.N./AN) He/ She will be provided with all necessary facilities during his/her tenure of award. The terms and condition of the offer are acceptable to the awardees. His/her date of **Ph.D registration** is .....(for already registered candidate).

Also certified that the fellow shall not accept/hold any emoluments, paid or otherwise, or receive emoluments, salary, stipend etc. from any other source during the tenure of the award.

Signature of Awardee

Signature & Seal of Supervisor

Signature & Seal Head of Dept

Signature & Seal Registrar/Principal/Director