## **JOINING REPORT**

(To be sent by student within a week of joining by Registered Post/scanned copy to the faculty mentor)

2. Name		·		
3. Name of the Pr	oject (s)			
4. Name & Address of the Organization				
		-		
Telephone No.				
	ned HR Officer):			<del></del>
5. Residential Address of the Student:				
Contact / Mobi E-mail:	le No.			
Stipend (If any)	)			
Any Other Faci				
	ccommodation/Conveya			
Date:	ive joined the organizati	on on		re of the Student
Date.			Signatu	re of the Student
CERT	TIFICATE BY THE INDU	STRIAL MENTO	R/CO-ORDINATO	₹
Certified that Mr/Ms		has joined ou	r organization for p	project semester.
Date:			Signature	of the Coordinator (With Seal)
1.Name of the Ind.	Coordinator :			
2.Designation				<u> </u>
3.Phone No.				<u> </u>
4.E-mail	·			