भारतीय प्रौद्योगिकी संस्थान दिल्ली
INDIAN INSTITUTE OF TECHNOLOGY DELHI

Department/Centre/School: .....

(To be submittted to the Academic Section duly filled in and signed in all respect)

INTIMATION FOR PROCEEDING AS INSTRUCTIONAL AND RESEARCH ASSOCIATE (IRA) AT IITD-ABU DHABI CAMPUS

नाम /Name			
प्रवेश संख्या /Entry Number		Contact Number	
Email id			
अवकाश की अवधि / Period of stay	From	To	
Date of departure from IITD			
Order No. and details issued by IITD-Abu Dhabi office (attach a copy of the order)			

मैं एतद्द्वारा प्रमाणित करता/करती हूँ कि मेरे शिक्षण सहायक के कर्तव्यों और विभाग/केंद्र/विद्यालय द्वारा सौंपी गई अन्य जिम्मेदारियों का मेरी अनुपस्थिति के दौरान विधिवत ध्यान रखा जाएगा, यह सुनिश्चित करने के लिए उपयुक्त वैकल्पिक व्यवस्था की गई है।

I hereby certify that appropriate alternative arrangements have been made to ensure that my Teaching Assistantship duties and other responsibilities assigned by the Department/Centre/School will be duly taken care of during my absence.

मैं यह भी वचन देता हूँ कि अपना कार्यकाल पूरा होने पर, आईआईटीडी-अबूधाबी परिसर से लौटने पर, अपने विभाग/केन्द्र/विद्यालय के माध्यम से शैक्षणिक अनुभाग में निर्धारित प्रपत्र में अपनी कार्यभार ग्रहण रिपोर्ट प्रस्तुत करूंगा।

I also undertake to submit my joining report in the prescribed proforma through my Department/Centre/School to the Academic Section upon my return from the IITD-Abu Dhabi campus, on the completion of my tenure there.

तिथि के साथ छात्र के हस्ताक्षर Research Scholar's signature with date			
पर्यवेक्षक के हस्ताक्षर Supervisor's Signature		विभागाध्यक्ष के हस्ताक्षर HOD's Signature	

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JOINING REPORT AFTER RETURNING FROM IITD-ABU DHABI CAMPUS ON COMPLETION OF TENURE AS INSTRUCTIONAL AND RESEARCH ASSOCIATE (IRA)

नाम /Name			
प्रवेश संख्या /Entry Number		Contact Number	
Email id			
अवकाश की अवधि / Period of stay	From	To	
Date of departure from IITD-Abu Dhabi Campus			
Date of joining at IITD			
Order No. and details issued by IITD-Abu Dhabi office (attach a copy of the order)			

तिथि के साथ छात्र के हस्ताक्षर Research Scholar's signature with date			
पर्यवेक्षक के हस्ताक्षर Supervisor's Signature		विभागाध्यक्ष के हस्ताक्षर HOD's Signature	