

To  
CEO/ Medical Superintendent  
Gulab Devi Teaching Hospital

Subject: **Joining of the Departmental Rotation**

Sir,

Most respectfully, it is stated that I have joined my \_\_\_\_\_ rotation in  
the department of \_\_\_\_\_ on \_\_\_\_\_.

Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

PM&DC License No: \_\_\_\_\_

Student Cell No: \_\_\_\_\_

Father Cell No: \_\_\_\_\_

Date: \_\_\_\_\_

Signatures:

*This Joining Report must be submitted by the Department to  
the HR department within three days of joining the rotation.  
Joining report will not be entertained without sign & stamp  
of Head of Department.*

***For Office Use Only***

Stamp & Signature of  
Head of Department

Date of Joining:

Stamp & Signature of  
Human Resource Dept.

Date of Receiving: