



Shree Saptashruni Shikshan Sanstha Nashik Sanchalit
Shree Saptashruni Ayurved Mahavidyalaya & Hospital, Nashik
Kamal Nagar, Hirawadi, Panchavati, Nashik – 422 003.
College - [0253]-2621565, **Hospital** [0253]- 2518548 **Fax:** [0253] 2621638
Email: ssamnsk@gmail.com **Website:** www.ssam.in

Name:-Vd.

Mobile No :-

Date :-

To,
The H.O.D,
..... Department
Shree Saptashruni Ayurved Mahavidyalaya
& Hospital, Nashik-422003

Sub:- Regarding the Joining Report in the Department.

Respected Sir/Madam

I, Dr. is joining
in the department of from
.....

I assure that I will follow all the rules and regulations of this Institute. I will attend all the necessary practical and lectures in the P.G. syllabus for the completion of my curriculum. I will also carry out the compulsory work of my Dissertation and related Hospital Duties.

I shall abide myself for any changes in rules and regulation of MUHS and AYUSH.

I shall remain in the discipline of the faculty and college.

Kindly accept my joining letter and oblige me.

Thanking you,

PRINCIPAL
(Sign & Stamp)

(H.O.D)
(Sign & Stamp)

P.G.STUDENT
(Name & Sign)