NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS, CHENNAI

HANDING OVER CHARGE REPORT

I, Dr./Mr./Mrs./Miss _____hereby declare that I have handed over charge as _____ Division _____ of ICMR-NIRT, Chennai to Dr./Mr./Mrs./Miss _____ of ICMR-NIRT, Chennai with effect from the forenoon/afternoon of _____ prior to proceeding on Earned leave/ official visit from _____ to _____ to attend - _____

_____.

Place: Chennai
Date:

Signature:
Name: _____

Designation: _____

Signature

Charge taken by _____

Designation _____

Approved

Signature of Director

NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS, CHENNAI

TAKING OVER CHARGE REPORT

I, Dr./Mr./Mrs./Miss _____hereby declare that I have taken over charge as _____ Division _____ of ICMR-NIRT, Chennai from Dr./Mr./Mrs./Miss _____ of ICMR-NIRT, Chennai with effect from the forenoon/afternoon of _____ prior to proceeding on Earned leave/ official visit from _____ to _____ to attend _____

_____.

Place: Chennai
Date:

Signature:
Name: _____

Designation: _____

Signature

Charge handed by _____

Designation _____

Approved

Signature of Director