



**LALA LAJPAT RAI INSTITUTE OF ENGINEERING & TECHNOLOGY, MOGA**

To  
The Principal  
Lala Lajpat Rai Institute of Engineering & Technology, Moga

**Subject: Joining Report of Newly Appointed Faculty/Staff Member**

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

Father/Husband's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Contact No. \_\_\_\_\_

Email ID. \_\_\_\_\_

Qualification: \_\_\_\_\_

Total Experience (In years): \_\_\_\_\_

Department: \_\_\_\_\_

Designation: \_\_\_\_\_

Date of Joining \_\_\_\_\_

Referred By: \_\_\_\_\_

I hereby give my consent to join your organization. Kindly allow me to join your institute. Thanking You.

\_\_\_\_\_  
**Office Superintendent**

\_\_\_\_\_  
**Candidate Signature**

\_\_\_\_\_  
**Head of Department**

\_\_\_\_\_  
**Director/Principal**

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

Place: \_\_\_\_\_

**FACULTY/STAFF DETAIL FORM**

<b>Name of Institute:</b>	<b>Department:</b>	<b>Designation:</b>
---------------------------	--------------------	---------------------

**Personal Details**

First Name		Last Name	
Father's Name		Mother's Name	
City/Village		Contact No.	
DOB (DD/MM/YYYY)		Date of Joining	
Aadhaar No.		PAN Card No.	
Current Address			
Email ID.			

**Bank Details**

Bank Account No.		Bank Name	
Bank Branch Name		IFSC Code	

**Educational Details**

Doctrate Degree*	University	Year of Passing	Percentage/Grade
PG Degree*			
UG Degree*			
Other Qualification			

**Experience Details**

Teaching Experience (Years & Months)		Industry Experience (Years & Months)	
Total Experience (Years & Months)			

**Publication Details**

No. of Patents		No. of Books Published	
No. of PG students Guided		No. of Doctorate Students Guided	
No. of Publications in National Conference		No. of Publications in International Conference	
No. of Publications in National Journals		No. of Publications in International Journals	

---

**Head of Department**

---

**Signature of Faculty Member**

---

**Office Superintendent**

---

**Principal**

Note: Attach the Photocopies of the fields marked with \*



# LALA LAJPAT RAI INSTITUTE OF ENGINEERING & TECHNOLOGY, MOGA

## LEAVE APPLICATION FORM

To \_\_\_\_\_ Date.....

**Director/Principal**

**Lala Lajpat Rai Institute of Engineering & Technology, Moga.**

Subject: Application for Casual/Medical/Academic/Duty/Other Leave

Respected Sir,

Name of Faculty/Staff Member .....Designation.....Department.....

Leave Period From.....To.....Filled By.....

No. of Day(s)..... Purpose of Leave..... Station during Leave .....

Alternative Arrangement/Adjustment of Lecture/Labs/Duty Assigned  
(To be made by Faculty/Staff himself/herself applying for Leave)

Date	Time	Nature of Duty Assigned	Responsibility Taken By	Signature

I humbly request you to kindly sanction my leave for the said purpose as per details mentioned above.

My Contact No. during Leave period shall be .....

Sincerely Yours,

Signature of HOD/Office Incharge

Signature of Faculty/Staff

(To be filled by Faculty/Staff & Verified by Main Office Staff)

Leave Type	Already Taken	Applied Now	Net Balance	Sign. of Faculty/Staff	Verified By
Casual					

Recommended/Not Recommended

Director/Principal



**LALA LAJPAT RAI INSTITUTE OF ENGINEERING & TECHNOLOGY, MOGA**

**APPLICATION FOR CLAIMING COMPENSATORY LEAVE**

**To**  
**Director/Principal**  
**Lala Lajpat Rai Institute of Engineering & Technology,**  
**Moga**

**Subject:** Claiming Compensatory Leave

Respected Sir,

Myself Mr./Ms.....working as ..... in the  
.....Department attended the Official Duty on Dated .....Day.....  
for .....No. of days i.e. from .....to.....on Saturday/Sunday/Public holiday/.....

Hence, Please allow me to utilize the compensatory leave against casual leave availed on  
date..... during the current semester of .....Month/Year.....

Thanking you.

Best Regards,

Signature of Faculty/Staff

Signature of HOD/ Office In-Charge

**Recommended/Not Recommended**

**Director/Principal**



# LALA LAJPAT RAI INSTITUTE OF ENGG. & TECH. MOGA

## REQUIREMENT SLIP

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

From \_\_\_\_\_ Designation \_\_\_\_\_ Deptt \_\_\_\_\_

Please issue the below mentioned items for \_\_\_\_\_ purpose & use.

Sr. No.	Particulars	Description	Quantity Demanded		Quantity Issued		Remarks (For Office Use Only)
			In Figure	In Words	In Figure	In Words	

Sign.

Sign.

Sign.

**Required By**

**Issued By**

**Received By**

**Approved By**

(Name: \_\_\_\_\_ )

(Name: \_\_\_\_\_ )

(Name: \_\_\_\_\_ )

**Director/Principal**



# LALA LAJPAT RAI INSTITUTE OF ENGG. & TECH. MOGA

## REQUIREMENT SLIP

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

From \_\_\_\_\_ Designation \_\_\_\_\_ Deptt \_\_\_\_\_

Please issue the below mentioned items for \_\_\_\_\_ purpose & use.

Sr. No.	Particulars	Description	Quantity Demanded		Quantity Issued		Remarks (For Office Use Only)
			In Figure	In Words	In Figure	In Words	

Sign.

Sign.

Sign.

**Required By**

**Issued By**

**Received By**

**Approved By**

(Name: \_\_\_\_\_ )

(Name: \_\_\_\_\_ )

(Name: \_\_\_\_\_ )

**Director/Principal**



## TA/DA BILL FORM

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

### Lala Lajpat Rai Institute of Engineering & Technology, Moga TRAVELLING AND DEARNESS ALLOWANCE BILL FOR LOCAL/OUT STATION TOUR

Note: This Bill must be prepared in duplicate - One for Self and the Second as Office record.

<b>1</b>	Name							
<b>2</b>	Department							
<b>3</b>	Designation							
<b>4</b>	Mobile No.							
<b>5</b>	Purpose of Official Tour							
<b>6</b>	Date & Time							
Dearness Allowance (Amount In Rupees)								
<b>Travelling Allowance</b>								
Departure		Arrival		Distance in KM (in case of claiming TA)	Mode of Travel (By College Vehicle, Own Car/Bike or Taxi etc.)	Fare per KM (Two Wheeler @ Rs. & Car/Taxi @ Rs. Per KM.)	Duration of Halt	Amount (INR)
Date & Time	From	Date & Time	To					
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
Local Conveyance (In any case of out station) (Proof must be attached)								
Stationary/Toll Tax/Carriage/Other Expenses:					(Bill or Proof must be attached)			
<b>Grand Total - Amount in Words -</b>								

Signature of Claimant

Verified & Checked By

Signature of Principal



LALA LAJPAT RAI INSTITUTE OF ENGINEERING & TECHNOLOGY, MOGA

**Application for Experience/Salary/No Objection/Other Certificate**

Dated: .....

To

The Chairman  
LLRIET  
Moga.

**Subject:** Application for issuing of Experience/Salary/No Objection/Other Certificate ( .....

Respected Sir,

Myself Mr/Ms.....So/Do/Wo.....and  
R/o.....District.....is/had been working in your  
prestigious institute since/from ..... to.....or /till date on the post of  
..... (Designation) in the Department/Division of .....on.....basis.  
Kindly issue me the Experience/Salary/No Objection/Other Certificate (mention if any.....)  
for the purpose of ..... I shall use it for .....purpose & use only.

**Self Declaration by the Applicant**

I hereby declare that the information given above is true to the best of my knowledge and belief. Nothing has been concealed therein. I solemnly declare that nothing is pending in cash or kind towards me from college administration till date. I have also got no dues clearance done from various college administrative authorities.

**Checked & Verified by**

Name\_\_\_\_\_

Designation\_\_\_\_\_

**Signature of Faculty/Staff**

Name\_\_\_\_\_

Designation\_\_\_\_\_

Recommended/Not Recommended

Approved by

**Signature**

**(Director/Principal)**

**Signature**

**(Chairman)**

**Note:** Please get No Dues Clearance (format printed on the backside of this application form) before submitting this application.



# LALA LAJPAT RAI INSTITUTE OF ENGINEERING & TECHNOLOGY, MOGA

## NO DUES FORM (STAFF)

Dated \_\_\_\_\_

This is to certify that nothing is outstanding or pending against below mentioned Faculty/Staff Member named Mr./Ms. \_\_\_\_\_ So/Do/Wo \_\_\_\_\_

Designation \_\_\_\_\_ Department/Division \_\_\_\_\_ Date of Joining \_\_\_\_\_

Submitted/Authorized By \_\_\_\_\_ Date of Leaving College/Last Working Day \_\_\_\_\_

Sr. No.	Department/Division	Name of Authority	Signature
1.	Computer Centre		
2.	Accounts Office		
3.	Person who takes Charge		
4.	HOD/ Office In-Charge		
5.	Library		
6.	Canteen		
7.	Hostel Mess		
8.	Hostel Warden		
9.	Store In-Charge		
10.	Office Accountant/Clerk		
11.	Other (If any)		

**Signature of Applicant**

**Date:**

**Place:**

**Signature**

**Approved by**

**Director/Principal**





## Demand Note for Payment

**LALA LAJPAT RAI INSTITUTE OF ENGINEERING & TECHNOLOGY, MOGA**

**Dated:**

Respected Sir/Mam,

\_\_\_\_\_

**Main Office**

**Administration Block**

Kindly transfer Rupees ..... (In Figure) ..... (In Words)  
to Mr/Ms ..... Designation.....Department.....  
Into the Bank A/c No.....of ..... (Bank Name)  
IFSC Code .....Branch Address.....  
for payment of MRSPTU's Counseling Fee for Admissions done in Academic Year.....  
to be Offline/Online paid to MRSPTU, Bathinda or..... by Admission Cell /.....  
for the.....No of Students Registered in .....Course/Branch of.....Department.

Checked & Verified By

Yours Faithfully

**Coordinator (Admission Cell)**

**(Name & Signature of Faculty/Staff)**

Recommended/Not Recommended

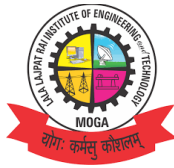
Approved/Not Approved By

**Director/Principal**

**Hon'ble Chairman**

LLRIET Moga

LLRGOI, Moga



**LALA LAJPAT RAI INSTITUTE OF ENGINEERING & TECHNOLOGY, MOGA**  
**RESULT ANALYSIS FOR MRSPTU EXAMINATION SEMESTER \_\_\_\_\_**

Sr. No.	DEPARTMENT _____ CLASS _____ SEM. _____	Remarks
1	<b>Overall Percentage of Result</b> (No of Students Passed/No of Appeared Students x 100)	
2	<b>No. of Students Appeared</b> :	
3	<b>No. of Students Passed</b>	
4	<b>No. of Students Failed</b>	
5	<b>No. of Students Passed with SGPA &gt;=8</b>	
6	<b>No. of Students Passed with SGPA &gt;=6 &amp; &lt;8</b>	
7	<b>No. of Students Passed with SGPA &gt;=4 &amp; &lt;6</b>	

CLASS/SEM	No. of Students Appeared			No. of Students Passed			% Result		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total

**First Three Candidates in Order of Merit**

Rank	Name Of Student	UNIV. ROLL NO	SGPA
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

**Subject Wise Result Analysis (No of Students Passed/No of Students x100)**

Sr. No.	Subject Name	Subject Code	Faculty's Name	% Result	Signature
1					
2					
3					
4					
5					
6					
7					

CLASS INCHARGE

HEAD OF DEPARTMENT

DEAN (ACADEMICS)