

SCHOOL/COLLEGE COMMUNITY MEDICINE

NOV-2017		Date	1	2	3	4	5	6	7	8	9
S.L. No.	Name of the Teacher	Designation	Time Signature	Time Signature	Time Signature	Time Signature	Time Signature	Time Signature	Time Signature	Time Signature	Time Signature
1	DR. RAHUL BANSAL HOD										
2	DR. BHAWNA PANT				RHTC						
3	DR. PAWAN ANANDHAR		RHTC								
4	DR. VARSMA CHAUDHARY										
5	DR. AMURADHA DAVEY										
6	DR. MONIKA GUPTA		(N)	(N)	(N)	(N)					
7	DR. SAJEDAH SHIRAZI		(CL)								
8	DR. CHHVIK GPTA		(CL)								
9	DR. ARVIND SHUKLA										
10	DR. RAJANI GUPTA		UNTC	UNTC	UNTC	UNTC		UNTC	UNTC	UNTC	UNTC
11	DR. SUSHMA PARKASH		RHTC	RHTC	RHTC	RHTC		RHTC	RHTC	RHTC	RHTC
12	DR. DHARMANDRA										
13	DR. SURINDER KAPOOR					CL					
			11/11/17	21/11/17	31/11/17	4/11/17		6/11/17	7/11/17	8/11/17	9/11/17





# FOR THE MONTH OF

0.  
Month  
ast Month  
Total

*[Handwritten signature]*

	10	11	12	13	14	15	16	17
SL. No.	Time Signature	Time Signature	Time Signature	Time Signature	Time Signature	Time Signature	Time Signature	Time Signature
1	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
2	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
3	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
4	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
5	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
6	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
7	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
8	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
9	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
10	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
11	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
12	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
13	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

to Last month		Total leaves upto this month					Particulars
Earned	Honorary	Total	Casual	Medical	Earned	Honorary	Sign. of the Teacher/ Staff





## ATTENDANCE

## TEACHER'S ATTENDANCE REGISTER

Sl. No.	Date	18	19	20	21	22	23	24	25
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

Sl. No.	Date	18	19	20	21	22	23	24	25
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									





# FOR THE MONTH OF

Page No.  
Present Month  
Up of Last Month  
Grand Total

*[Handwritten signature]*

Sl. No.	25		27		28		29		30		31		Leaves of this month					Leaves upto Last month					Total leaves upto this month					Particulars		
	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Casual	Medical	Earned	Honorary	Total	Casual	Medical	Earned	Honorary	Total	Casual	Medical	Earned	Honorary	Total		Att. for this month	Sign. of the Teacher/ Staff
1		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
2		<i>B</i>		<i>B</i>		<i>B</i>		<i>B</i>		<i>B</i>																				
3		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
4		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
5		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
6		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
7		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
8		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
9		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
10		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
11		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
12		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				
13		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>		<i>GL</i>																				

*27/11/17*  
*28/11/17*  
*29/11/17*  
*30/11/17*

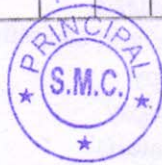




# TEACHER'S ATTENDANCE REGISTER

# SCHOOL/COLLEGE COMMUNITY MEDICINS

Nov 2017			Date		1	2	3	4	5	6	7	8	9	
SL No.	Name of the Teacher	Designation	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1.	DR. CHALKI MATIR'S		8		8		8		8		8		8	
2.	DR. RIDHU RAJYAN		8		8		8		8		8		8	
3.	DR. LALITA SISODIA		8		8		8		8		8		8	
4.	DR. ANTARA SINHA		8		8		8		8		8		8	
5.	DR. RANI SHASTRI		8		8		8		8		8		8	
6.	DR. SHIRAM		8		8		8		8		8		8	
7.	DR. ABISHEK		8		8		8		8		8		8	
8.	DR. GURPREET.		8		8		8		8		8		8	





# FOR THE MONTH OF

10.  
t Month  
ast Month  
Total

	10	11	12	13	14	15	16	17
SL. No.	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1	8	S	8	S	8:00	S	8:00	S
2					8:00	S	8:00	S
3	8:30	S	8:30	S	8:30	S	8:30	S
4	8:30	S	8:30	S	8:30	S	8:30	S
5	8:30	S	8:30	S	8:30	S	8:30	S
6	8:30	S	8:30	S	8:30	S	8:30	S
7	8:30	S	8:30	S	8:30	S	8:30	S
8	8:30	S	8:30	S	8:30	S	8:30	S

Principal

15/11/17

16/11/17

17/11/17

upto Last month	Total leaves upto this month	Particulars
Earned		
Honorary		
Total		
Casual		
Medical		
Earned		
Honorary		
Total		
Att. for this month		
Sign. of the Teacher/ Staff		

Principal  
S.M.C.



## TEACHER'S ATTENDANCE REGISTER

Designation	
017	D
acher	
MAIR'S	
Ajynn	
SISODIA	
A SINHA	
SHRESTHA	
7	
SK	
PARSH	

SL. No.	Date	18	19	20	21	22	23	24	25
Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1	CL			8-5	8-8				
2	9:30 Pijal Pijal			8:30 Pijal Pijal	8:30 Pijal Pijal			8:30 Pijal Pijal	8:30 Pijal Pijal
3	10:00 HS			8-15	8-15			8-15	8-15
4	10:00 Mdu			8:00 Mdu	8:00 Mdu			8:00 Mdu	8:00 Mdu
5	10:00 Ravi			8:00 Ravi	8:00 Ravi			8:00 Ravi	8:00 Ravi
6	10:00 Gur			8:00 Gur	8:00 Gur			8:00 Gur	8:00 Gur
7	10:00 Abhi			8:00 Abhi	8:30 Abhi			8:30 Abhi	8:30 Abhi
8	10:00 GE			8:00 GE	8:30 GE			8:30 GE	8:30 GE

**PRINCIPAL**

**20/11/17**

**24/11/17**

**23/11/17**

**24/11/17**

**25/11/17**

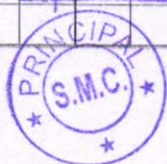




# FOR THE MONTH OF

Page No.  
Present Month  
Up of Last Month  
Grand Total

26		27		28		29		30		31		Leaves of this month					Leaves upto Last month					Total leaves upto this month					Particulars		
SL. No.	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Casual	Medical	Earned	Honorary	Total	Casual	Medical	Earned	Honorary	Total	Casual	Medical	Earned	Honorary	Total	Alt. for this month	Sign. of the Teacher/ Staff
1			8:30		8:30		8:30		8:30		8:30																		
2	8:30		8:30		8:30		8:30		8:30		8:30																		
3			8:30		8:30		8:30		8:30		8:30																		
4	8:30		8:30		8:30		8:30		8:30		8:30																		
5	8:30		8:30		8:30		8:30		8:30		8:30																		
6			8:30		8:30		8:30		8:30		8:30																		
7			8:30		8:30		8:30		8:30		8:30																		
8			8:30		8:30		8:30		8:30		8:30																		





SCHOOL/COLLEGE Community MEDICINE

NOV-2017		Date	1	2	3	4	5	6	7	8	9	
SL No.	Name of the Teacher	Designation	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1.	DR. CHALKI MATIAS		8		8		8		8		8	
2.	DR. RIJUL RAJAN		8		8		8		8		8	
3.	DR. LALITA SISODIA		8		8		8		8		8	
4.	DR. ANTHARA SINHA		8		8		8		8		8	
5.	DR. RANI PHASTRI		8		8		8		8		8	
6.	DR. SHIVAM		8		8		8		8		8	
7.	DR. ABISHEK		8		8		8		8		8	
8.	DR. GURPREET		8		8		8		8		8	

Principal's Stamp





FOR THE MONTH OF

SL. No.	10		11		12		13		14		15		16		17	
	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1	8		8				8:00		8:00		8		8			
2							8:00		8:00		8:00		8:30		8:30	
3	8		8				8:00		8:00		8		8		8	
4	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
5	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
6	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
7	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
8	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
9	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
10	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
11	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
12	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
13	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
14	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
15	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
16	8:00		8:00				8:00		8:00		8:00		8:30		8:30	
17	8:00		8:00				8:00		8:00		8:00		8:30		8:30	

lo.	it Month	ast Month	Total
-----	----------	-----------	-------

[illegible]



## TEACHER'S ATTENDANCE REGISTER

[illegible][illegible]



# FOR THE MONTH OF

Page No.  
Present Month  
Up of Last Month  
Grand Total

SL. NO.	26		27		28		29		30		31		Leaves of this month					Leaves upto Last month					Total leaves upto this month					Particulars		
	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Casual	Medical	Earned	Honorary	Total	Casual	Medical	Earned	Honorary	Total	Casual	Medical	Earned	Honorary	Total	Att. for this month	Sign. of the Teacher/ Staff	
1																														
2																														
3																														
4																														
5																														
6																														
7																														
8																														

