

TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE Community Medicine

APRIL - 2017		Date 1		2		3		4		5		6		7		8		9	
Name of the Teacher	Designation	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
DR. RAHUL BANSAL	MOD	GL																	
DR. BHAWNA PANT																			
DR. PAWAN PARASHAR																			
DR. S. CHATTOPADHYAY																			
DR. VARSHA CHAUDHARY																			
DR. AMIT MOHAN																			
DR. ANURADHA DAVEY																			
DR. MONIKA GUPTA																			
DR. SAURABH SHARMA																			
DR. CHHAVI K. GUPTA																			
DR. ARVIND SHUKLA																			
DR. RAJNI GUPTA																			
DR. SUSHMA PARKASH																			
DR. DHARMENDRA																			

Carry over



11/4/17

31/4/17

4/4/17

5/4/17

6/4/17

7/4/17

8/4/17

attn

attn

attn



APRIL-2017

# FOR THE MONTH OF Community Medicine

0.  
: Month  
ast Month  
Total

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

pto 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		

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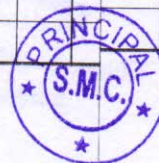
APRIL - 2017

APRIL 2017

FOR THE MONTH C

# TEACHER'S ATTENDANCE REGISTER Community Medicine

Date	18	19	20	21	22	23	24	25	26	27	28	29
SL. No.	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
23	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
25	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
26	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
27	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
28	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
29	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓



Principal  
27/4/17



2017  
FOR THE MONTH OF *Community medicine*

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	[Signature]	(CL)	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	
2	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	
3	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	
4	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	
5	(LL)	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	
6	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	
7	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	
8	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)																	
9	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	
10	(CL)	(CL)	(CL)	(CL)	(CL)	(CL)	(CL)	(CL)	(CL)	(CL)	(CL)	(CL)																	
11	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	
12	UNTL	UNTL	UNTL	UNTL	UNTL	UNTL	UNTL	UNTL	UNTL	UNTL	UNTL	UNTL																	
13	RHTL	RHTL	RHTL	RHTL	RHTL	RHTL	RHTL	RHTL	RHTL	RHTL	RHTL	RHTL																	
14	[Signature]	(L)	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																	

26/4/17

Balas  
2/4/17

28/4/17

29/4/17

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## TEACHER'S ATTENDANCE REGISTER

**SCHOOL/COLLEGE** Community Medicine

APRIL - 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. NEHA SHUKLA			Neha		Neha		Neha		Neha		Neha
2.	DR. GIRJESH YADAV			Yadav		Yadav		Yadav		Yadav		Yadav
3.	DR. SHALKI MATIAS			Shan		Shan		Shan		Shan		Shan
4.	DR. RIJUL RANJAN		8:00	Rijul	8:00	Rijul	8:00	Rijul	8:00	Rijul	8:00	Rijul
5.	DR. LALITA SISODIA		8:00	Lalita	8:00	Lalita	8:00	Lalita	8:00	Lalita	8:00	Lalita
6.	DR. ANTARA SINHA			Antara		Antara		Antara		Antara		Antara
7.	DR. RAVI SHASTRI		8:00	Ravi	8:00	Ravi	8:00	Ravi	8:00	Ravi	8:00	Ravi
8.	DR. SHIVAM.			Shivam		Shivam		Shivam		Shivam		Shivam

Principal


S.M.C.



FOR THE MONTH OF Community Month

10		11		12		13		14		15		16		17	
Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
Neha	Neha	Neha	Neha	Neha	Neha	Neha	Neha	Neha	Neha					Neha	Neha
Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav					Yadav	Yadav
Sun	Sun	(Sun)	Sun	Sun	Sun	Sun	Sun							Sun	Sun
Ban Rijal Rijal u.s. Rijal	Ban Rijal Rijal u.s. Rijal	Ban Rijal Rijal u.s. Rijal	Ban Rijal Rijal u.s. Rijal	Ban Rijal Rijal u.s. Rijal	Ban Rijal Rijal u.s. Rijal	Ban Rijal Rijal u.s. Rijal	Ban Rijal Rijal u.s. Rijal								
[Signature]	[Signature]	([Signature])	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]							[Signature]	[Signature]
Ban Ant	Ban Ant	Ban Ant	Ban Ant	Ban Ant	Ban Ant	Ban Ant	Ban Ant							Ban Ant	Ban Ant
Ban Ran	Ban Ran	Ban Ran	Ban Ran	Ban Ran	Ban Ran	Ban Ran	Ban Ran	Ban Ran	Ban Ran					Ban Ran	Ban Ran
UP Ran	UP Ran	UP Ran	UP Ran	UP Ran	UP Ran	UP Ran	UP Ran	UP Ran	UP Ran					UP Ran	UP Ran
Ban Shri	Ban Shri	Ban Shri	Ban Shri	Ban Shri	Ban Shri	Ban Shri	Ban Shri	Ban Shri	Ban Shri					Ban Shri	Ban Shri
10/4/17	11/4/17	12/4/17	13/4/17	14/3/17	15/4/17									17/4/17	17/4/17

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Month	Last Month	Total
Jan	100	100
Feb	120	220
Mar	150	370
Apr	180	550
May	200	750
Jun	220	970
Jul	250	1220
Aug	280	1500
Sep	300	1800
Oct	320	2120
Nov	350	2470
Dec	380	2850
Total	2500	2500

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**TEACHER'S ATTENDANCE REGISTER** *Community Medicine*

APRIL 2012

**FOR THE MONTH OF**

Date	18	19	20	21	22	23	24	25	26	27	28	29
Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time
Neha	Neha	Neha	Neha	Neha	Neha	Neha	Neha	Neha	Neha	Neha	Neha	Neha
Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav	Yadav
San	San	San	San	San	San	San	San	San	San	San	San	San
8:20am												
L	L	L	L	L	L	L	L	L	L	L	L	L
8:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00
San Ant	San Ant	San Ant	San Ant	San Ant	San Ant	San Ant	San Ant	San Ant	San Ant	San Ant	San Ant	San Ant
San Par	San Par	San Par	San Par	San Par	San Par	San Par	San Par	San Par	San Par	San Par	San Par	San Par
18/4/17	19/4/17	20/4/17	21/4/17	22/4/17	23/4/17	24/4/17	25/4/17	26/4/17	27/4/17	28/4/17	29/4/17	30/4/17



Page No. \_\_\_\_\_  
Present Month \_\_\_\_\_  
Up of Last Month \_\_\_\_\_  
Grand Total \_\_\_\_\_

FOR THE MONTH OF Community Medicine

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