

Community Medicine

TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE _____

NOV-2016		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
DR. RAHUL BANSAL	HOD												
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													
Principal													
Principal S.M.C.													

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FOR THE MONTH OF November-16

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Community Medicine

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Institution

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	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
DR. NEHA SHUKLA										
DR. GIRJESH YADAV										
DR. SHALKI MATIAS										
DR. RIJUL RANJAN										
DR. LALITA SISODIA										
DR. ANTARA SAMHA										
DR. RAVI SHASTRI										
DR. SHIVAM										



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