

(Nov-2016)

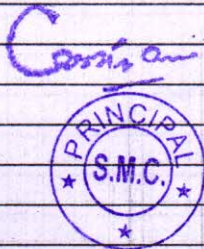
TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE Ophthalmology

Name of the Teacher	Designation	Date	1		2		3		4		5		6		7		8		9	
		Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	
Dr. K.P.S. Malik		20/12/2021																		
Dr. V.K. Malik																				
Dr. Kirti Jain																				
Dr. Sanjay Kumar																				
Dr. Charu Jain																				
Dr. Sanjay Sharma																				
Dr. Anushka Lochan																				
Dr. Shweta Narayan																				

Principal

S.M.C.




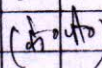
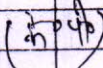
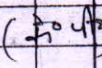
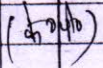
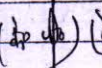

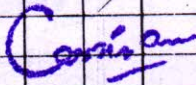


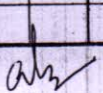
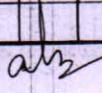
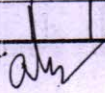
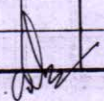
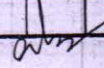
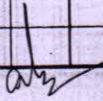

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Ophthalmology

FOR THE MONTH OF

November-2016

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	10	11	12	13	14	15	16	17
Sl. No.	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1-								
2-								
3-								
4-								
5-								
6-	S-S	S-S	SS		S-S	SS	SS	SS
7-								
8-								
	()	()	()		()	()	()	()
								
								
       								

st month	Total Leaves upto this month	Particulate
Honorary		
Total		
Casual		
Medical		
Earned		
Honorary		
Total		
Att. for this month		
Sign. of the Teacher Staff		

(NOV-2016)

TEACHER'S ATTENDANCE REGISTER

TEACHER'S ATTENDANCE REGISTER

ophthalmology

Name of the Teacher	Designation
Dr. K.P.S. Malik	
Dr. V.K. Malik	
Dr. Kirti Jain	
Dr. Sanjay Kumar	
Dr. Charu Jain	
Dr. Sanjay Sharma	
Dr. Anushka Lechan	
Dr. Shweta Narayan	

Corrigan



	18		19		20		21		22		23		24		25		
SL. No.	Date	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1		do do	do do					do do	do do	do do	do do	do do	do do	do do	do do	do do	do do
2		Camp leave 13-10-16 (Sd)	Camp 2-10-16 (Sd)					Camp 11-10-16 (Sd)	Camp 22-10-16		CL		CL		CL		
3		KS	H					H	K		K		K		K		K
4		Sh	Sh					Sh	Sh		Sh		Sh		Sh		Sh
5		Q 1/2 CL	Q					Q	Q		Q		Q		Q		Q
6		S.S	S.S					S.S 1/2 CL	S.S		S.S		S.S		S.S		S.S
7		AM	AM					AM	AM		AM		AM		AM		AM
8		Sh	Sh					Sh	Sh		Sh		Sh		Sh		Sh
		(do do)	(do do)					(do do)	(do do)		(do do)		(do do)		(do do)		(do do)

do do do do do do

OR THE MONTH OF

November-2016

Page No.

Present Month

Up to Last Month

Grand Total

26		27		28		29		30		31		Leaves of this month					Leaves upto Last month					Total Leaves upto this month						
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