

TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE Community Medicine

JAN- 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. RAHUL BANSAL HOD													
2.	DR. BHAWNA PANT													
3.	DR. PAWAN PARIASHAR													
4.	DR. S. CHATTOPADHYAY													
5.	DR. VARSHA CHAUDHARY													
6.	DR. AMIT MOHAN													
7.	DR. ANURADHA DAVEY													
8.	DR. MONIKA GUPTA													
9.	DR. SAURABH SHARMA													
10.	DR. CHHAVI K. GUPTA													
11.	DR. ARVIND SHUKLA													
12.	DR. RAJNI GUPTA													
13.	DR. SUSHMA PARKASH													
14.	DR. DHARMENDRA													

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JAN- 2017			De
SL. No.	Name of the Teacher	Designation	
1.	DR. RAHUL BANSAL	HOD	
2.	DR. BHAWNA PANT		
3.	DR. PAWAN PARASHAR		
4.	DR. S. GHATTOPADHYAY		
5.	DR. VARSHA CHAUDHARY		
6.	DR. AMIT MOHAN		
7.	DR. ANURADHA DAVEY		
8.	DR. MONIKA GUPTA		
9.	DR. SAURABH SHARMA		
10.	DR. CHHAVI K. GUPTA		
11.	DR. ARVIND SHUKLA		
12.	DR. RAJNI GUPTA		
13.	DR. SUSHMA PARKASH		
14.	DR. DHARMENDRA		

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Community medicine

TEACHER'S ATTENDANCE REGISTER Jan-2017

Date		18	19	20	21	22	23	24	25
SL. No.	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time
1									
2									
3									
4									
5									
6									
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9									
10									
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12									
13									
14									

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18/11/17
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19/11/17
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20/11/17
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21/11/17

Barakat
23/11/17
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24/11/17
25/11/17

11-2017

Page No.

Present Month

Up ot 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	Att. for this month		Sign. of the Teacher/ Staff
1	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]																		

SCHOOL/COLLEGE Community Medicine

JAN-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. NEHA SHUKLA		8:30 4:00	Neha Neha	8:30 4:00	Neha Neha	8:30 4:00	Neha Neha	8:30 4:00	Neha Neha	8:30 4:00	Neha Neha	8:30 4:00	Neha Neha
2.	DR. GIRJESH YADAV			Yadav		Yadav		Yadav		Yadav		Yadav		Yadav
3.	DR. SHALKI MATIAS			Shan		Shan		Shan		Shan		Shan		Shan
4.	DR. RIJUL RANJAN		8:30 4:00	Rijul Rijul	8:30 4:00	Rijul Rijul	8:30 4:00	Rijul Rijul	8:30 4:00	Rijul Rijul	8:30 4:00	Rijul Rijul	8:30 4:00	Rijul Rijul
5.	DR. LALITA SISODIA			Lalita		Lalita		Lalita		Lalita		Lalita		Lalita
6.	DR. ANTARA SINHA		8:30 4:00	Anta Anta	8:30 4:00	Anta Anta	8:30 4:00	Anta Anta	8:30 4:00	Anta Anta	8:30 4:00	Anta Anta	8:30 4:00	Anta Anta
7.	DR. RAVI SHASTR		8:30 4:00	Ravi Ravi	8:30 4:00	Ravi Ravi	8:30 4:00	Ravi Ravi	8:30 4:00	Ravi Ravi	8:30 4:00	Ravi Ravi	8:30 4:00	Ravi Ravi
8.	DR. SHIVAM.			Shivam		Shivam		Shivam		Shivam		Shivam		Shivam

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