

TEACHER'S ATTENDANCE

FOR THE MONTH OF December 2017

th

st month Total Leaves upto this m

Honorary
Total
Casual
Medical
Earned
Honorary

01 AL - 01

off - 01

2P - 10

2 - 03

CL - 01















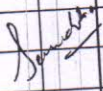

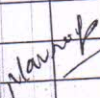

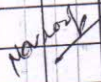





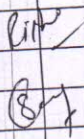
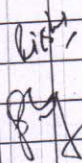
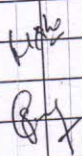
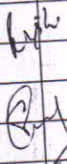
| Resp. Medicine | | | 01 | 02 | 03 | 04 | 05 | 06 | 07 |
|----------------|-------------------------|--------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| SL. No. | Name of the Teacher | Designation | Time Signature | Time Signature | Time Signature | Time Signature | Time Signature | Time Signature | Time Signature |
| 1 | | | | | | | | | |
| 2 | Dr. Fema Chaudhary | Assoc. Prof. | AL | AL | | GL | GL | GL | GL |
| 3 | Dr. Prakash Sharma | Asst. Prof. | | | | | LEAD/17 | | |
| 4 | Dr. V.P. Singh | SR | | | | | | | |
| 5 | Dr. Sumedha Norula | JR-III | CL | CL | CL | CL | CL | CL | CL |
| 6 | Dr. Apoor Aggarwal | JR-II | | CL | | Apur | Apur | Apur | CL |
| 7 | Dr. Nawroop Kaur | TR-II | Nawroop | Nawroop | | Nawroop | Nawroop | Nawroop | Nawroop |
| 8 | Dr. Ankit Bhardwaj | JR-II | Ankit | CL | CL | CL | CL | Ankit | Ankit |
| 9 | Dr. Rishi Yadav | JR-I | Rishi | Rishi | | Rishi | CL | Rishi | Rishi |
| 10 | Dr. Shivam Mohan Pandey | JR-I | Rishi | Rishi | | Rishi | Rishi | Rishi | Rishi |



TEACHER'S ATTENDANCE REGISTER

FOR THE MONTH OF December '20

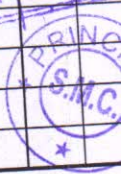
| SL. No. | Date | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 |
|---------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|
| Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

| 16 | | 17 | | 18 | | 19 | | 20 | |
|------|---|------|---|------|---|------|---|------|-----------|
| Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature |
| |  | |  | |  | |  | | |
| |  | |  | |  | |  | | |
| |  | |  | |  | |  | | |
| |  | |  | |  | |  | | |
| |  | |  | |  | |  | | |
| |  | |  | |  | |  | | |
| |  | |  | |  | |  | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SPRINGER



SPRINGER



TEACHER'S ATTENDANCE REGISTER

November-2012

SCHOOL/COLLEGE _____

| Resp. Medicine | | | 21 | | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|----------------|-------------------------|-------------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|
| SL. No. | Name of the Teacher | Designation | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature |
| 1. | | | | | | | | | | | | | | |
| 2. | Dr. Fema Chaudhary | Asst. Prof. | | | | | | | | | | | | |
| 3. | Dr. Prabhas Sharma | Asst. Prof. | | | | | | | | | | | | |
| 4. | Dr. U.P. Singh | S.R. | | | | | | | | | | | | |
| 5. | Dr. Sumedha Noolu | JR-III | | | | | | | | | | | | |
| 6. | Dr. Apoor Aggarwal | JR-III | | | | | | | | | | | | |
| 7. | Dr. Navroop Kaur | | | | | | | | | | | | | |
| 8. | Dr. Ankita Bhargava | | | | | | | | | | | | | |
| 9. | Dr. Riski Yadav | | | | | | | | | | | | | |
| 10. | Dr. Shivam Mehan Pandey | | | | | | | | | | | | | |

SMC