

TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE Community Medicine

OCT-2017

SL. No.	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
1.	DR. RAHUL BANJAL	HOD																		
2.	DR. BHAWNA PANT	PROF																		
3.	DR. PAWAN PARASHAR	PROF																		
4.	DR. S. CHATTOPADHYAY	ASSO. Prof.																		
5.	DR. VARSHA CHAUDHARY	Asst. Prof.																		
6.	DR. ANURADHA DAVEY	ASSO. Prof.																		
7.	DR. MONIKA GUPTA	Asst. Prof.																		
8.	DR. SAURABH SHARMA	Asst. Prof.																		
9.	DR. CHHAVI K. GUPTA	Asst. Prof.																		
10.	DR. ARVIND SHUKLA	Asst. Prof. (Stat.)																		
11.	DR. RAJNI GUPTA	Tutor																		
12.	DR. SUSHMA PARKASH	Tutor																		
13.	DR. DHARMENDRA	Tutor																		
14.	DR. SURINDER KAGR	Tutor																		



FOR THE MONTH OF

o. Month
ast Month
Total

[illegible][illegible]

FOR THE MONTH OF

[illegible]

TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE _____

OCT-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. SHALKI MATIRIS Tutor											
2.	DR. RIJUL RANJAN Tutor											
3.	DR. LALITA SISODIA Tutor											
4.	DR. ANTARA SINHA Tutor											
5.	DR. RAVI SHASTRI Tutor											
6.	DR. SHIVAM Tutor											
7.	DR. ABHISHEK Tutor											
8.	DR. GURPREET Tutor											



No.	ent Month	t Last Month	d Total
-----	-----------	--------------	---------

[illegible]

FOR THE MONTH OF

[illegible]