

TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE C.S.S. Hospital

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. Shashi Prateek	Head	21/12/17	[Signature]	21/12/17	[Signature]			21/12/17	[Signature]	21/12/17	[Signature]	21/12/17	[Signature]	21/12/17	[Signature]	C		C	
2.	Dr. Mamta Tyagi	prof	Mamta	[Signature]	Mamta	[Signature]			Mamta	[Signature]	Mamta	[Signature]	Mamta	[Signature]	Mamta	[Signature]	Mamta	[Signature]	Mamta	[Signature]
3.	Dr. Poonam mani	prof	Poonam	[Signature]	Poonam	[Signature]			Poonam	[Signature]	Poonam	[Signature]	Poonam	[Signature]	Poonam	[Signature]	Poonam	[Signature]	Poonam	[Signature]
4.	Dr. Smriti Gupta	A.P	Smriti	[Signature]	Comp L (22/12/17)	[Signature]			Smriti	[Signature]	Smriti	[Signature]	Smriti	[Signature]	Smriti	[Signature]	Smriti	[Signature]	Smriti	[Signature]
5.	Dr. Esha Khosla	A.P	L	[Signature]	L	[Signature]			L	[Signature]	L	[Signature]	L	[Signature]	L	[Signature]	1/2 AL		AL	
6.	Dr. Lalita Yadav	A.P	L	[Signature]	L	[Signature]			L	[Signature]	C/L	[Signature]	L	[Signature]	L	[Signature]	L	[Signature]	L	[Signature]
7.	Dr. Pooja Bansal	A.P																		
8.	Dr. Sarita	A.P	Sarita	[Signature]	C/L	[Signature]			C/L	[Signature]	C/L	[Signature]	Sarita	[Signature]	Sarita	[Signature]	Sarita	[Signature]	Sarita	[Signature]
9.	Dr. Bhawna Kansal	A.P	BK	[Signature]	BK	[Signature]			BK	[Signature]	BK	[Signature]	BK	[Signature]	BK	[Signature]	BK	[Signature]	BK	[Signature]
10.	Dr. Akha Pradeep Gupta		Akha	[Signature]	Akha	[Signature]			Comp L (22/11/17)	[Signature]	L	[Signature]	L	[Signature]	L	[Signature]	L	[Signature]	L	[Signature]

50/11/17



December 2017

FOR THE MONTH OF C.S.S. Hospital

o.
t Month
ast Month
Total

2017

	10	11	12	13	14	15	16	17
SL. No.	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1.		CL	CL	CL	CL	CL	CL	
2		Month	Month	Month	Month	Month	Month	
3		Month	Month	Month	Month	Month	Month	
4		Comp. L 29/12	Month	Month	Month	CL	Month	
5		Month	Month	Month	Comp. L (13/07/17)	Month	Month	
6		Month	Month	Month	G.L	G.L	G.L	
7								
8		Sanita	Sanita	Sanita	Sanita	Sanita	Sanita	
9		BK	BK	BK	CL	CL	CL	
10		Month	Month	Month	Month	Month	Month	
<div>Signature</div>								

pto Last month	Total leaves upto this month	Particulars
Earned		
Honorary		
Total		
Casual		
Medical		
Earned		
Honorary		
Total		
Att. for this month		
Sign. of the Teacher/ Staff		



December - 2017
TEACHER'S ATTENDANCE REGISTER

C-S-S. Hosp (H)

ember - 2017 **FOR THE MONTH OF** C-S-S

SL. No.	Date	18	19	20	21	22	23	24	25	26	27	28	29	30
	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1		A.L	A.L	A.L	A.L	A.L	A.L		C.L	C.L	C.L	G.L	G.L	G.L
2		Mandi	Mandi	Mandi	Mandi	CL	CL		Comp.L	Comp.L	Comp.L	Mandi	Mandi	Mandi
3		hoscar	hoscar	hoscar	hoscar	hoscar	hoscar		hoscar	hoscar	CL	CL	CL	hoscar
4		hoscar	hoscar	hoscar	hoscar	hoscar	hoscar		hoscar	hoscar	hoscar	hoscar	hoscar	hoscar
5		hoscar	hoscar	hoscar	hoscar	hoscar	hoscar		hoscar	hoscar	hoscar	hoscar	hoscar	hoscar
6		C.L	Comp.L							Comp.L				
7														
8		Comp.L	Comp.L	santa	santa	santa	CL		santa	santa	santa	santa	santa	santa
9		BK	BK	BK	BK	BK	BK		BK	BK	BK	BK	BK	BK
10		Mandi	Mandi	Comp.L	CL	CL	G.L		G.L	G.L	G.L	G.L	G.L	G.L

Signature



Signature



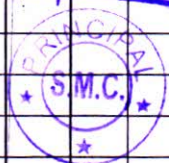
TEACHER'S ATTENDANCE REGISTER

December-2017

SCHOOL/COLLEGE C-S-S. Hospital

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.	Ms. Asishona Saha	SIR	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy	hwy
2.	Ms. Midhi Pandey	SIR	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy	whdy
3.	Ms. Mukul Barmah	SIR	ck	ck	ck	ck	ck	ck	ck	ck	ck	ck	ck	ck	ck	ck	ck	ck	ck	ck
4.	Ms. Himani Goyal	SIR	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Himani	Comp. L
5.	Ms. Neha Verma	SIR	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	Comp. L
6.	Ms. Rama U. Dubey (D.O.J. - 04/12/17)	SIR	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon

Signature



Obstetrics & Gynaecology department


Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14

2017

December-2017 **FOR THE MONTH OF** C-S-S-Hospital

	10	11	12	13	14	15	16	17
SL. No.	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1		Handwritten signature	Handwritten signature	Handwritten signature	CL	Handwritten signature	CL	
2		whely	whely	whely	whely	CL	whely	
3		L	L	L	L	E	L	
4		Himan	Himani	Himani	Himani	Himani	Himani	
5		A						
6		A	A	A	A	A	A	
		<u>Mand</u>	<u>Mande</u>	<u>Mand</u>	<u>Mande</u>	<u>Mand</u>	<u>Mand</u>	

S.P.T.C.S.



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