

TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE Department of Physiology

SL. No.	Name of the Teacher	Designation	1 Date		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. Kiran Singh	Head	8:30				S		8:30		8:30		8:30		8:30		8:30		8:30	
2.	Dr. Naveen Gaur	Prof	8:30						8:30		8:30		8:30		8:30		8:30		8:30	
3.	Dr. Divya Srivastava	Prof	8:30				N		8:30		8:30		8:30		8:30		8:30		8:30	
4.	Dr. Archana	Asso. Prof	8:30						8:30		8:30		8:30		8:30		8:30		8:30	
5.	Dr. Ruchi Tyagi	Asso. Prof	8:30						8:30		8:30		8:30		8:30		8:30		8:30	
6.	Dr. Megha Kulshrestha	Asst. Prof	8:30				A		8:30		8:30		8:30		8:30		8:30		8:30	



FOR THE MONTH OF Sept. 2017

















































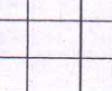
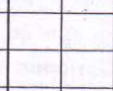
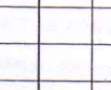

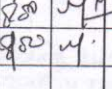
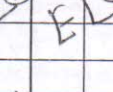
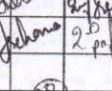
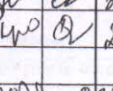
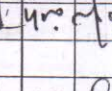
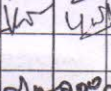
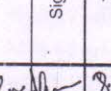
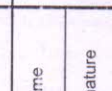
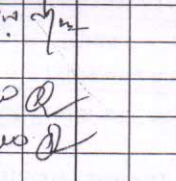
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10.	8:30 AM Signature	8:30 AM Signature	8:30 AM Signature	8:30 AM Signature	8:30 AM Signature	8:30 AM Signature	8:30 AM Signature	8:30 AM Signature

Month	Total Leaves upto this month	Particulars
Honorary	Total	Sign. of the Teacher/ Staff
Casual		
Medical		
Earned		
Honorary		
Total		
Att. for this month		



TEACHER'S ATTENDANCE REGISTER

FOR THE MONTH OF September-20

SL. No.	Date	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Lea	
	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Casual
1.	8:00 u/h		8:00 u/h		8:00 u/h		AL	AL	AL	S	8:00 u/h		8:00 u/h		8:00 u/h		Comp 10.9.17
2.	8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		
3.	8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		
4.	8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		
5.	8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		
6.	8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		8:00 u/h		
<div></div> <div></div>																	



SCHOOL/COLLEGE

Dept of Physiology

Principal
S.M.C.

