

# TEACHER'S ATTENDANCE

November-2017

FOR THE MONTH OF November' 2017

| SL. No. | Name of the Teacher     | Designation | 01          |             | 02          |             | 03          |             | 04          |             | 05          |             | 06          |             |
|---------|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|         |                         |             | Time        | Signature   | Time        | Signature   | Time        | Signature   | Time        | Signature   | Time        | Signature   | Time        | Signature   |
| 1       | Resp. Medicine          |             |             |             |             |             |             |             |             |             |             |             |             |             |
| 2       | Dr. Fema Choudhary      | Asst. Prof. | CL          | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |
| 3       | Dr. Prabhat Shazma      | Asst. Prof. | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |
| 4       | Dr. U.P. Singh          | S.R.        | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |
| 5       | Dr. Sumedha Narula      | JR-III      | CL          | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |
| 6       | Dr. Apar Agarwal        | JR-III      | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |
| 7       | Dr. Navroop Kaur        |             | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |
| 8       | Dr. Ankit Bhardwaj      |             | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |
| 9       | Dr. Reshi Yadav         |             | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |
| 10      | Dr. Shivam Mohan Pandey |             | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |



th

at month Total Leaves upto this month

Honorary Total Casual Medical Earned Honorary Total

- 03

- 02

L-02



# TEACHER'S ATTENDANCE REGISTER

2'S ATTENDANCE

Year - 2017

Medicine

Name of the Teacher

Designation

| SL. No. | Date 07 |           | 08   |           | 09   |           | 10   |           | 11   |           | 12   |           | 13   |           | 14   |           |
|---------|---------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|
|         | Time    | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature |
| 1       |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 2       |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 3       |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 4       |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 5       |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 6       |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 7       |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 8       |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 9       |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 10      |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |





# FOR THE MONTH OF November 2017

| SL. No. | 15   |           | 16   |           | 17   |           | 18   |           | 19   |           | 20   |           | Leaves of this month |         |        |          |       | Leaves upto Last month |         |        |          |       | Total Leaves upto this month |         |        |          |       | Particulars         |                             |
|---------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|----------------------|---------|--------|----------|-------|------------------------|---------|--------|----------|-------|------------------------------|---------|--------|----------|-------|---------------------|-----------------------------|
|         | 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       |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |
| 2       |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |
| 3       |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |
| 4       |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |
| 5       |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |
| 6       |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |
| 7       |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |
| 8       |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |
| 9       |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |
| 10      |      |           |      |           |      |           |      |           |      |           |      |           |                      |         |        |          |       |                        |         |        |          |       |                              |         |        |          |       |                     |                             |





# TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE Resh. Medicine

| SL. No. | Name of the Teacher      | Designation  | Date 21 |           | 22   |           | 23   |           | 24   |           | 25   |           | 26   |           | 27   |           | 28   |           | 29   |           | 30   |           |
|---------|--------------------------|--------------|---------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|
|         |                          |              | Time    | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature | Time | Signature |
| 2       | Dr. Fama Choudhary       | Assoc. Prof. |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 3       | Dr. Prakash Shazma       | Asst. Prof.  |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 4       | Dr. V.P. Singh           | SR           |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 5       | Dr. Sumedha Narula       | JR-II        |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 6       | Dr. Apur Agarwal         | JR-II        |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 7       | Dr. Navroop Kaur         | JR-II        |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 8       | Dr. Ankit Bhadouraj      | JR-II        |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 9       | Dr. Rishi Yadav          | JR-II        |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |
| 10      | Dr. Shivani Mahan Pandey | JR-II        |         |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |      |           |

