

TEACHER'S ATTENDANCE REGISTER

SCHOOL/COLLEGE Dept of Physiology

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. Kiron Singh	Prof. 8.00 AM				S														S
2.	Dr. Naveen Gaur	Prof. 8.00 AM				U														U
3.	Dr. Divya Srivastava	" 8.00 AM				N														N
4.	Dr. Archana	Asso. Prof. 8.00 AM				D														D
5.	Dr. Rechi Tyagi	Asso. Prof. 8.00 AM				A														A
6.	Dr. Megha Kulshastha	A.P. 8.00 AM																		

April - 2017.

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TEACHER'S ATTENDANCE

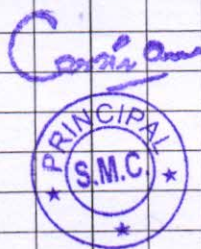
APRIL-2017		
SL. No.	Name of the Teacher	Designation
1.	Dr. Kiran Singh	Prof. & Head
2.	Dr. Naveen Gaur	Prof.
3.	Dr. Divya Srivastava	"
4.	Dr. Archana	Assoc. Prof.
5.	Dr. Rechi Tyagi	Assoc. Prof.
6.	Dr. Megha Kulshrestha	A.P.

TEACHER'S ATTENDANCE REGISTER

APRIL-2017

Dept of Physiol

SL. No.	18		19		20		21		22		23		24		25	
	Date		Date		Date		Date		Date		Date		Date		Date	
SL. No.	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
1.	8:00 am		8:00 am		8:00 am		8:00 am		8:00 am		S		8:00 am		8:00 am	
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April-2017

Page No. _____
Present Month _____
Up to Last Month _____
Grand Total _____

26		27		28		29		30		31		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	
8:00 am	<i>[Signature]</i>	8:00 am	<i>[Signature]</i>	8:00 am	<i>[Signature]</i>	8:00 am	<i>[Signature]</i>	8:00 am	<i>[Signature]</i>	8:00 am	<i>[Signature]</i>																		
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26		27		28		29		30		31		Leaves of this month					Leaves upto Last month					Total Leaves upto this month						
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
8:00 4:00	[Signature]			L	8:00	S																						
8am	MK	8am	MK	8am	MK	8am	MK																					
4pm	MK	4pm	MK	4pm	MK	2pm	MK																					
8:00	Nonita	8:00	Nonita	8:00	Nonita	8:00	Nonita																					
4:00	Nonita	4:00	Nonita	4:00	Nonita	2:00	Nonita																					
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4:00	Laxmi	4:00	Laxmi	4:00	Laxmi	2:00	Laxmi																					

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