

NCPUL
CABA -MDTP/DREAM

MONTHLY ATTENDANCE REPORT FOR THE MONTH OF _____, Year _____

Centre Code: _____

Date: _____

Name of the Centre: _____

Address: _____

City: _____

State _____

Pin code: _____

E-Mail: _____

Phone No. _____

Mob. No. _____

Attendance (To be verified by Centre Incharge)
(From 1st to 30th /31st of the Month)

1. Faculty Name (In Block Letters as in Agreement) Mobile No: _____

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Designation (as per agreement)	Total Month Days	Total working Days	Present Days	Absent Days
_____	□	□	□	□
Sign _____				

2. Faculty Name (In Block Letters as in Agreement) Mobile No: _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation (as per agreement)	Total Month Days	Total working Days	Present Days	Absent Days
_____	□	□	□	□
Sign _____				

3. Faculty Name (In Block Letters as in Agreement) Mobile No: _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation (as per agreement)	Total Month Days	Total working Days	Present Days	Absent Days
_____	□	□	□	□
Sign _____				

Note: -

1. Send the signed and stamped scanned copy of this report at email: doeaccncpul@yahoo.in / nielitdeep@gmail.com of NIELIT Chandigarh Centre by 1st of the following month along-with the detailed attendance sheet.
2. Hard copy of the signed and stamped attendance report must be received latest by 4th of the following month at NIELIT Chandigarh, C-134, Phase-8, Industrial Area, Sector-72, S.A.S Nagar, Mohali, PB-160071.

Signature of Centre I/C with seal

Detailed Attendance Sheet

Month & Year _____

Name of Faculty	Designation	Attendance
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Name of Faculty	Designation	Attendance
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Name of Faculty	Designation	Attendance
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Note: -

Name of Faculty who has resigned in the above period: _____

(Notice period to be observed by faculty)

Date of Resignation: _____

Date of Relieving: _____

Signature of Centre I/C with seal