**Performa (w.e.f. Jan 2017)**

**Monthly Attendance Report of the contractual faculty of HP Senior Secondary Schools**

For the **Month/Year** of _____/_____

**(Please fill in Block Letters Only)**

| | |
|---|---|
| Name of The School: | |
| District: | |
| Principal' Name: | Mobile No. (Of Principal): |
| E-Mail ID (Of School): | Phone No. (Of School): |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of Faculty1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emp. Code | H | | | | | | | Mobile1 | | | | | | | | | | | | | | | | | | | |
| Designation | | | | | | | | Mobile2 | | | | | | | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | (Sign. of Faculty1) |

**Detailed Attendance Sheet for the Month _____, Year _____**

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Notations **must** be used as **P**-Present, **L**-Casual Leave with Pay, **A**-Absent/Leave without Pay, **H**-Holiday, **S**-Sunday, **ML**-Medical Leave

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of Faculty2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emp. Code | H | | | | | | | Mobile1 | | | | | | | | | | | | | | | | | | | |
| Designation | | | | | | | | Mobile2 | | | | | | | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | (Sign. of Faculty2) |

**Detailed Attendance Sheet for the Month _____, Year _____**

| | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Notations **must** be used as **P**-Present, **L**-Casual Leave with Pay, **A**-Absent/Leave without Pay, **H**-Holiday, **S**-Sunday, **ML**-Medical Leave

| **Enrolment of IT Students** | | | | |
|---|---|---|---|---|
| | **9th** | **10th** | **11th** | **12th** |
| **No. of Students** | | | | |
| **Class taken by (Faculty Name)** | | | | |

| **Fee Deposited Details of previous month** | | |
|---|---|---|
| **Amount (In Rs.)** | **Month, Year** | **Date of fee deposit** |
| | | |

**Note:**

1. Faculty who has resigned/left job during the month: Name _____ Emp. code_____
   Date of Resignation ___-____-_____. (Please send resignation letter in original to NIELIT Shimla)
2. The faculty is allowed only 1 CL (Casual Leave) in a month and CL is cumulative till contract agreement of faculty. In case of new agreement with faculty, CL will be accumulated from fresh. Concern Principal is requested to maintain leave record of faculties and verify before certifying the attendance of faculties**.**
3. The faculty is allowed 6 medical leave (w.e.f. 01-Jan-2017 onwards) in one calendar year with medical certificate duly signed by Principal/Officer in-charge of the school. Number of leaves can be availed only in proportionate to validity of contract agreement.
4. Kindly fill all the columns of the forms as it is mandatory and make sure that the attendance reaches at NIELIT Shimla, Cedar wood Building, Jakhoo Road, Shimla-171001 or in Email ID (shimla@nielit.gov.in) by email of principal **latest by 2nd day of the following month.**
5. File name of the attendance must be in the format of H-YYYYMM-EmpID. For example if your Emp-id is H-115215 then file name for Jan 2017 attendance should be **H-201701-115215.**
6. The subject of the Email should also be as **"Attendance H-201701-115215**"
7. T**he scanned attendance must be visible properly.**

Date: _____ (Signature of Principal/Officer In-charge with Seal)