## ATTENDANCE FORM FOR NCPUL CABA – MDTP

	N	10N	THLY	AT"	TENI	)AN(	E R	REPORT FOR THE MONTH OF								, Year					
Cen	tre C	ode:					<u> </u>									Date:					
Name of the Centre:																					
Add	lress:																				
City:							State							Pin code:							
E-Mail:							Phone No.							Mob. No.							
Attendance (To be verified by Centre Incharge) (From 1 <sup>st</sup> to 30 <sup>th</sup> /31 <sup>st</sup> of the Month)																					
1.	F	acult	y Nan	ne (Ir	ı Bloc	k Let	tters as in Agreement) M						Tobile No:								
Designation (as per agreement)							Tot	al Mo Days		,	Total working Days				Present Days				Absent Days		
Sign																					
2. Faculty Name (In Block Letters as in Agreement) Mobile No:																					
Designation (as per agreement)						t)	Total Month Days			To	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			To	Total working Days			Present Days Abse				bsent	Days		
Sign					_	_															

- Note: -
  - 1. Send the signed and stamped scanned copy of this report at email: <u>doeaccncpul@yahoo.in</u> of NIELIT Chandigarh Centre by 1<sup>st</sup> 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 4<sup>th</sup> of the following month at NIELIT Chandigarh, Roper Campus, Birla Farms, Bada Phull, Ropar-140001 (Punjab).

## **Detailed Attendance Sheet**

## Month & Year Name of Faculty Designation Attendance 31 2 3 4 5 6 7 10 11 12 | 13 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 26 27 22 | 23 30 Name of Faculty Designation Attendance 31 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 6 7 8 9 10 11 22 | 23 26 30 Name of Faculty Designation Attendance 31 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 30 Note: -Name of Faculty who has resigned in the above period:

(Notice period to be observed by faculty)

Date of Resignation:

Signature of Centre I/C with seal

Date of Relieving: