

GMERS MEDICAL COLLEGE, NAVSARI

Department of:

Teaching Staff Attendance sheet of Month- **-20**

To,
The Dean
GMERS Medical College, Navsari

Date: __/__/20__

Respected sir,
Kindly find the attachment of Department of _____, GMERSMC, Navsari of the Month **-20**_____

Sr. No	Name	Designation	Total Working Days	Leaves								No. of Days to pay
				Casual Leave	Sick Leave	Leave Without Pay	Special Leave	Joining Leave	EL	RH	On Duty leaves	
01												
02												
03												

Professor & Head
_____ Department