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**								
				Casual Leave	**Sick Leave**	**Leave Without Pay**	**Special Leave**	**Joining Leave**	**EL**	**RH**	**On Duty leaves**	**No. of Days to pay**
01												
02												
03												

Professor & Head
_____ Department