


Attendance Register

Signature _____

| Sl. No. | Name | of the time of arrival | | | | | | | | | | | | | | | Signature |
|---------|---|------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|-------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| 1 | LIJERMIN DIPAKASHI THAKSI ASST. LHS | | | | | | | | | | | | | | | | [Signature] |
| 2 | STACHIN TOMARA ATTENDANT | | | | | | | | | | | | | | | | [Signature] |
| 3 | MADHU KOTHUA OFFICE STAFF | | | | | | | | | | | | | | | | [Signature] |
| 4 | REETU KOTHUA OFFICE STAFF | | | | | | | | | | | | | | | | [Signature] |
| 5 | SARVAT OFFICE STAFF | | | | | | | | | | | | | | | | [Signature] |
| 6 | SHUBHAM OFFICE STAFF | | | | | | | | | | | | | | | | [Signature] |
| 7 | VISHAL SAINI OFFICE STAFF | | | | | | | | | | | | | | | | [Signature] |
| 8 | NAVENU KOTHUA ATTENDANT | | | | | | | | | | | | | | | | [Signature] |
| 9 | VASU BAL SINGH LABORER | | | | | | | | | | | | | | | | [Signature] |
| 10 | KARAN SINGH MUSEUM KEEPER | | | | | | | | | | | | | | | | [Signature] |
| 11 | ABHIRAM LABORER | | | | | | | | | | | | | | | | [Signature] |
| 12 | ARUN KUMAR LABORER | | | | | | | | | | | | | | | | [Signature] |
| 13 | SAVIT LABORER | | | | | | | | | | | | | | | | [Signature] |
| 14 | ABHIRAM KUMAR ATTENDANT | | | | | | | | | | | | | | | | [Signature] |
| 15 | MAMTA | | | | | | | | | | | | | | | | [Signature] |

for the month of..... JULY -2024.....

| Sl. No. | Name | of the time of arrival | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total no. of Working days | Total No. of days present | Casual leave for current month | C.L. upto last month | C.L. since commencement | Remarks | | | | | | | | | |
|---------|----------------|------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|---------------------------|---------------------------|--------------------------------|----------------------|-------------------------|---------|----|----|----|----|----|----|----|----|-------------|
| | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | LIJERMIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | [Signature] |
| 17 | STACHIN TOMARA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 18 | MADHU KOTHUA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 19 | REETU KOTHUA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 20 | SARVAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 21 | SHUBHAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 22 | VISHAL SAINI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 23 | NAVENU KOTHUA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 24 | VASU BAL SINGH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 25 | KARAN SINGH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 26 | ABHIRAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 27 | ARUN KUMAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 28 | SAVIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 29 | ABHIRAM KUMAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |
| 30 | MAMTA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [Signature] | | | | | | | | | | | | | | |


 In-charge
 V.P.