

Office-

STAFF DAILY ATTENDANCE

S.N.	EMPLOYEE NAME	POST	DUTY TIME	Attendance of Date (Month.....)																																			
				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					
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PRINCIPAL (SIGN)																																							
SHLADARPAN INCHARGE (SIGN)																																							

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