

SAHA INSTITUTE OF NUCLEAR PHYSICS, KOLKATA

Monthly Attendance Statement

Division/Section -

Month -

Category** -

Sl. No.	ID. No.	Name in full	Designation	Type of leave					
				Casual Leave/RH	Earned/ Privileged Leave	Medical Leave	Compensatory Leave	Special Casual Leave	Sabbatical/ Academic/ Duty on Deputation

Name of the Head/Chairman of Division/Section/Committee & Signature with date

**** NOTE-** Category i.e. Academic, Technical, Administrative and Auxiliary