**Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period: Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **S.NO** | **NAME OF EMPLOYEE** (as per payroll) | **Designation** (as per payroll) | **OFF DAYS/ LEAVE DAYS** (mention dates) | **ON DAYS/ DUTY DAYS** (mention dates) |
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**HOD SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DEAN/ Chief Executive Officer,**

 **NOWSHERA MEDICAL COLLEGE/**

 **MTI NOWSHERA**