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

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

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

**HOD SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**DEAN/ Chief Executive Officer,**

**NOWSHERA MEDICAL COLLEGE/**

**MTI NOWSHERA**