

Monthly Attendance Report of GVH ..... For the Month of .....													From .....		to .....		Remarks If Any (Mention if any CI/EI/ML or Absent)																				
Sr. No	Name of the Employee	Designation	Place of Posting	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th		14th	15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st		
1	Dr	VS																																			
2	Sh.																																				
3	Sh.																																				
4	Sh.																																				
5	Sh.																																				
6	Sh.																																				
7	Sh.																																				
8	Sh.																																				
9	Sh.																																				
10	Sh.																																				

It is certified that all Class IV Employees remain in proper dress during working hours. All staff maintains H. Q. & No official is involved in private practice. Submitted to SDO (AH&ED) ..... for information and necessary action please.  
 Dispatch No \_\_\_\_\_ Date \_\_\_\_\_

Submitted to SDO(AH&ED) ..... for N/a please.

Sign .....
I/c Veterinary Surgeon
GVH
Seal

