

DECLARATION OF ATTENDANCE

Emp. ID No.

I (Name)
(Designation)
(Dept / Office) hereby
declare that I have availed myself of ('NIL' if no leave
is taken) day(s) of leave (nature of
leave from to)
during the period from 21/____/____ to 20/____/____ and that
leave has been sanctioned vide U.O. No.
..... dated

Signature :
Name :
Designation :
Dept. / Office :

Place :
Date :

Countersigned by:

Asst. Registrar / Dy. Registrar / Joint Registrar / Nodal Officer

FOR THE USE OF AUDIT SECTION

Assistant

Section Officer

Asst. Registrar