

अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़) All India Institute of Medical Sciences, Raipur (Chhattisgarh) G. E. Road, Tatibandh, Raipur-492 099 (CG) www.aiimsraipur.edu.in

Monthly Attendance Report for the month of	, 20	(From 23 rd of	, 20	_ to 22 nd of	, 20).
To be sent through official departmental/HoD mail-id in pdf/word formation	t duly sign	ed by HoD at attenda	ance@aiimsraipur.e	<mark>du.in</mark> on or befo	ore 24 th of the particular month.
Department :					

S.No.	Name of the Employee	Designation	Date													N Le	Remark (If any)									
			23	3 24 25 26 27 28 29 30 31 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22										CL	RH	EL	Any other									

Following details to be mentioned against Name and Date.

P-Present /CL-Casual Leave /RH-Restricted Holiday /H-Holiday (Sunday or other Gazetted Holiday) /EL-Earned Leave