

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH

ATTENDANCE SHEET FOR INTERNS

ATTENDANCE FOR THE MONTH & YEAR: _____
Name of Intern with E.Code: _____

S/W/D of _____

Sr. No.	Date /Period	Name of Department	Present (P)	Absent (A)	Signature of HOD with Stamp
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Signature of Interns

Phone No.