

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, GUWAHATI
ACADEMIC SECTION

**MONTHLY ATTENDANCE FORMAT
FOR JUNIOR RESIDENT (ACADEMIC)**

Department of: _____

| | |
|-------------------------------------|----------------------------|
| Full Name (as per official records) | |
| Designation | Junior Resident (Academic) |
| Department | |
| Date of Joining | |
| Session | |

| Attendance & Leave Particulars | No. of Days | Academic Section Remarks |
|--------------------------------------|-------------|--------------------------|
| Month & Year | | |
| Total Calendar Days | | |
| Leave Entitled (30 / 36 / 36) | | |
| Leave Taken during the Current Month | | |
| Total Leave Taken – 1st Year | | |
| Total Leave Taken – 2nd Year | | |
| Total Leave Taken – 3rd Year | | |
| Extra Ordinary Leave (EOL), if any | | |
| TOTAL DAYS ACCOUNTED FOR | | |

Declaration by Junior Resident (Academic)

I hereby declare that the attendance and leave particulars furnished above are true and correct to the best of my knowledge and belief.

Date:

Signature:

Recommendation of Head of the Department / In-charge

Verified and recommended. The attendance and leave particulars have been checked with departmental records and are found to be correct.

Signature of HoD / I-c with Official Seal:

For Use in Academic Section

Dealing Assistant:

Dean / Registrar:

Important Instructions

1. Attendance must reach the Academic Section between 20th to 23rd of the respective month.
2. Prior approval of leave is mandatory.
3. Attendance not duly verified/recommended by the Head of the Department shall not be entertained.
4. Non-compliance may affect salary processing, maintenance of service records, and determination of course completion, as applicable.