

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, GUWAHATI
ACADEMIC SECTION

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

Department of: _____

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

Attendance & Leave Particulars	No. of Days	Academic Section Remarks
Month & Year		
Total Calendar Days		
Leave Entitled (24 / 30 / 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 Senior 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.