



**Dr. Ram Manohar Lohia Institute of Medical Sciences**  
**Vibhuti Khand, Gomti Nagar, Lucknow**

Ref No.:

Dated: \_\_\_\_\_

DEPARTMENT OF \_\_\_\_\_

FACULTY ATTENDANCE FOR THE MONTH OF \_\_\_\_\_, 202\_\_

S. No.	Faculty Name	Designation	AEBAS Attendance	Actual Attendance verified by the HoD	Leaves (Dates/Number/Type)	Number of Payable Attendance Days	Remarks (if any)
A	B	C	D	E	F	G	H
1.							
2.							
3.							
4.							
5.							
6.							

Head of the Department  
(Seal)