

ABSENTEE STATEMENT OF HM/HP/ASST.TEACHER/ ZP TEACHER FOR MONTH OF

Name of the School:

Name of the Cluster:

Name of the GP:

Name of the Block:

SL No.	Name of Teacher	Designation	Date of 1st Appointment	Date of joining in the Present School	No. of days in the Month	No. of Working Days during the month	No. of Holidays	Leaves Taken			Salary Claimed for	Signature	Remarks
								CL	EL	Other kind of Leave			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

Memo No: _____/-

Date: _____/-

Certified that the information supplied are true as per school record & best of my knowledge .Submitted to the block Education Office,Boipariguda for kind drawal of salary necessary action.

Signature of Accountant

Signature of SMC President with Seal

Signature of one SMC Member

Signature of HM with Seal

Signature of D.D.O.

ROLL STRENGTH POSITION OF THE SCHOOL.....FOR THE MINORITY OF.....

CLASS	SC		OBC		ST		MINORITY		GENERAL		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1												
2												
3												
4												
5												
6												
7												
8												
TOTAL												

Siganture of HM with seal