

**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:**

**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**

### **Siganture 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												
<b>TOTAL</b>												

**Siganture of HM with seal**