

ABSENTEE STATEMENT OF SS/JUNIOR TEACHER/GS 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												
TOTAL												

Siganture of HM with seal