

UNIVERSITY OF CALICUT

(Pareeksha Bhavan)

ATTENDANCE REGISTER

Subject:

Name & Venue of the Camp:

Name & Address of the Chairman:

Name & Address of the Chief Examiner:

Certified that the following Examiners has attended the valuation duty related to the Centrally Monitored Valuation of III semester CUCBCSS November - 2017 during the following days.

1	2	3	4	5		6	7	8	9
Sl.No.	Name & Address of the Examiner/Chief/ Chairman	Govt./ Aided/ Self	Permanent/ Guest	Dates on which the Examiner/Chief/ Chairman attended CMV duty		Total No. of scripts evaluated	Mandatory No. of scripts	No. of duty leave eligible for (other than dates as in column 5)	Remarks
				Date	Signature				
1				1)					
				2)					
				3)					
2				1)					
				2)					
				3)					

3				1)					
				2)					
				3)					
4				1)					
				2)					
				3)					
5				1)					
				2)					
				3)					
6				1)					
				2)					
				3)					
7				1)					
				2)					
				3)					

Verified and found correct

Dated Signature of the Chief Examiner

Dated Signature of the Chairman