



# ग्रामीण मुक्त विद्यालयी शिक्षा संस्थान Grameen Mukta Vidhyalayi Shiksha Sansthan

Attendance Sheet (Class Xth) for the Session (... ..)

Room No:..... (RC Code ..... ) (AC Code ..... ) Date:.....

Subject Code :.....

Subject Name :.....

| S. No. | Enroll. No. | Roll No. | Students Name | Father's/Husband's Name | Signature |
|--------|-------------|----------|---------------|-------------------------|-----------|
| 1      |             |          |               |                         |           |
| 2      |             |          |               |                         |           |
| 3      |             |          |               |                         |           |
| 4      |             |          |               |                         |           |
| 5      |             |          |               |                         |           |
| 6      |             |          |               |                         |           |
| 7      |             |          |               |                         |           |
| 8      |             |          |               |                         |           |
| 9      |             |          |               |                         |           |
| 10     |             |          |               |                         |           |
| 11     |             |          |               |                         |           |
| 12     |             |          |               |                         |           |
| 13     |             |          |               |                         |           |
| 14     |             |          |               |                         |           |
| 15     |             |          |               |                         |           |
| 16     |             |          |               |                         |           |
| 17     |             |          |               |                         |           |
| 18     |             |          |               |                         |           |
| 19     |             |          |               |                         |           |
| 20     |             |          |               |                         |           |
| 21     |             |          |               |                         |           |
| 22     |             |          |               |                         |           |
| 23     |             |          |               |                         |           |
| 24     |             |          |               |                         |           |
| 25     |             |          |               |                         |           |

Invigilator Name :.....

No. of Students Present :.....

Signature :.....

No. of Students Absent :.....

Date :.....