

National Institute of Tuberculosis and Respiratory Diseases

(Autonomous Institute under the Ministry of Health & Family Welfare, Government of India)

Sri Aurobindo Marg, Near Qutub Minar, New Delhi 110030

CERTIFICATE OF ATTENDANCE

To be submitted by senior Residents on last working day of every month to Administrative Section of NITRD

This is to certify that Dr. _____ Senior Resident (Deptt. _____) has rendered his/her duties satisfactorily from _____ to _____. He/she has availed the following leaves during this period:-

S.No.	Leave Duration		No. of days	Important Instructions
	From	To		
				Senior Residents on Contractual Basis are allowed leave at the rate of 2 ½ days per month of completed service. The leave should be for full days and not half a day.

Signature of
Senior Resident

Signature of
MO/SMO/CMO

Signature of Unit Incharge/HOD

FOR OFFICE USE ONLY

Date & Period of Appointment From _____ to _____

Extension From _____ to _____

No. of leaves entitled: _____ Total No. of leave taken till last month _____

No. of leaves taken in current month _____

No. of leave in excess: _____ Balance Leave _____

U.D.C./L.D.C. _____

Dr. _____ is entitled for payment of his emoluments accordingly.

O.S./A.O/CMO (Admin.)