



DOW UNIVERSITY OF HEALTH SCIENCES KARACHI
DEPARTMENT OF POSTGRADUATE STUDIES
ATTENDANCE SHEET FOR ROTATION TRAINEE MONTH OF _____ 2020.

PROGRAM NAME: _____ **PARENT WARD:** _____ **ROTATION WARD:** _____

S #	PG TRAINEE NAME	FATHER NAME	DATE OF JOINING	DATE OF RELEIVING	STATUS GOVT / PVT	P	L	A	TOTAL WORKING DAYS	TOTAL WORKING DAYS IN MONTH	REMARKS
1											
2											
3											
4											
5											

- 1 This attendance sheet should be submitted to parent unit.
- 2 No over writing will be accepted.

Signature (HOD/Supervisor)
Parent Ward

Signature (HOD/Supervisor)
Rotation Ward