


**INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH-KOLKATA**
**भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान कोलकाता**

(Established by the Ministry of Human Resource Development, Government of India)  
 Mohanpur Campus, P.O.: BCKV Campus Main Office, Mohanpur, Dist.: Nadia - 741 252, West Bengal

**ATTENDANCE FORM**

(Please fill up the form in Block Letters and to be submitted to the Registration Cell)

FOR THE MONTH OF \_\_\_\_\_

NAME: \_\_\_\_\_

FUNDING AGENCY  
(Put ✓ Mark)

IISER-K

CSIR

UGC

DBT

DST

OTHERS, then specify the name \_\_\_\_\_

DESIGNATION  
(Put ✓ Mark)

RA

SRF

JRF

PF

MS BY THESIS

SUMMER PROJECT FELLOW

PROJECT, then specify the name \_\_\_\_\_

OTHERS, then specify the name \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_  
(Mandatory)

E-MAIL: \_\_\_\_\_

NO. OF WORKING DAYS: \_\_\_\_\_

NO. OF LEAVE WITH PAY : \_\_\_\_\_

NO. OF DAYS PRESENT : \_\_\_\_\_

NO. OF LEAVE WITHOUT PAY: \_\_\_\_\_

\_\_\_\_\_  
(Name & Signature of the Fellow with date)

\_\_\_\_\_  
(Name & Signature of the Supervisor with date)

\_\_\_\_\_  
(Name & Signature of the Head of the Dept. with date)

**(For office use only)**

**Registration Cell:**

**Accounts Section:**

Comments if any:.....

Date of Receipt:.....

Signature with date:.....

Signature with date:.....

Last date of submission of Attendance Form is 20<sup>th</sup> of the claim month. Attendance for the period from 15<sup>th</sup> day of the previous month to 14<sup>th</sup> day of the claim month. The fellowship will be paid on submission of the Attendance Form to the Registration Cell.