ATTENDANCE SHEET

$\blacksquare S$	ECTIO	ON I (To	be completed by	the st	udent))							
Name of Student:								Home Tel:					
								Cel	ll-phor	ne:			
]	Home A	Address:	<u> </u>										
Year/Department:								_ Student ID No:					
]	Name	of establ	ishment attache	d (Ass	igned (Company)/Department	;:					
	T	D (1	1		T	D. C			1	- a			
Mo.	Date	Day of the Week	Signature of Student	Mo.	Date	Day of the Week	Signature of Student	Mo.	Date	Day of the Week	Signature of Student		
		Weel	κ 1	Week2				Week3					
	<u>ν</u> Λ	Dublic L	 Holidays, Medica	1 I cor		ala avel d	ha maaamdad aa	avah is	- +b - "	Ci ma a tu	no of Cturdont"		
	_	r ublic 1	iondays, Medica	ı Leav	es, etc	. snoura	be recorded as	such ii	i the	Signatu	re of Student		
apa	ace.												
Ιh	ereby	declare t	that the informa	tion gi	ven in	this does	ıment is true ar	nd acci	ırate				
1 11	сгобу	acciare		oron gr	VCII 111	uns doce	iniciti is ti de di	ia acce	nacc.				
Sig	Signature of Student										Date		
■ S	ECTIO)N II (To	be completed by	an off	icer in	the Com	pany)						
Th	e reco	rd of atte	endance above is	certif	ied cor	rect by:							
Na	me of	Supervi	sor:					_					
Sig	gnatur	e:											