NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR - 788 010

ATTENDANCE CERTIFICATE

(to be submitted by JRF/SRF/Project Staff)

DECLARATION

Certifi	ed that I have atte	ended the office and per	formed all works entruste	d by the P.I. during the
month	of	20 Hov	vever, I could not attend o	office during the period
from .		. to	as I was on	
(natur 1.	•	sence may kindly be adjus	ted as per rules.	dated
2. Name of the Project:				
3.	Name of the JRF/SRF/Project Staff:			
	(His/her Mobile Pho	one No)	
4.	SBI A/c No			
5. Department:				
6.	6. Name of the P.I.:			
7.	Fellowship amou	nt: Rs		
Date:			Signature of JRF/SRF/Project Staff	
		Verification by Pri	ncipal Investigator	
Certifi	ed that the above	facts mentioned by the	JRF/SRF/Project Staff are	true. His/her absence
from	duty during the pe	riod from	to	
may be adjusted against			(nature of leave) as per project rules.	
			Signatu	re of Principal Investigator
•••••		For Offi	cial Use	
		(Office of the Dean, Res	search and Consultancy)	
The p	ay of Mr/Ms			for the
month	of	, 20, i	s approved for release.	
			<u>.</u> .	. (4 5 (50.0)
			Signa	ature of Asso. Dean (R & C)
		For Accounts Secti		
Head	of A/cs:			
Name	of JRF/SRF/Project S	Staff:		
Amou	nt:	(Rupees) only.
Chequ	e No	date	ed	
De	ealing Asstt	A.R, A/cs	D.R.(A/cs)	 Registrar