

CV Camp Attendants Details

The month of Camp.....
 Semester UG/ PG Examination,
Department.....

Dates of CV Camp :

Number of Camp Days :

List of Attended faculties

	Name	Relieved		No. of Days		
		from	To	Days	attended at Camp	to surrender
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

(PTO)

Cumulative Leave Details

No of Previous Leaves	
No of Aailed Previous Leaves	
Total No of Leaves	

List of Faculties not attended in the Camp

No	Name of Faculty	Remarks
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Date:

Sign of HoD

Instruction

- Heads of the departments are to submit this form along with CV Camp Participation Certificates within two days of the completion of the Camp.