



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

In Duplicate: College/ Centre/ University Copy

ATTENDANCE SHEET

_____ (THEORY/ PRACTICAL/ CLINICAL) REGULAR/ BACK/ SUPPLEMENTRY EXAMINATION: 2023-2024

NAME OF CENTRE: _____ CODE _____

DATE OF EXAMINATION: _____ TIME: _____ HALL/ ROOM NO: _____ SITTING: _____

COURSE: _____ SPECIALITY; IF ANY _____ SUBJECT CODE: _____ TITLE: _____

Sl	Student Regn No	Name of the Student	Answer Book No	Signature of the Invigilator	Inv- Teacher Regn No	Student Signature	Remark (If Absent)

Total Present: _____ Total Absent: _____ Cumulative Present _____ Cumulative Absent _____

SIGNATURE OF INVIGILATOR (S)

CENTRE SUPERINTENDENT WITH SEAL

SIGNATURE OF CENTRE OBSERVERS/ SQAUD (S)