



# POSTGRADUATE MEDICAL CENTRE

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO

ATTENDANCE REPORT OF PRIVATE POSTGRADUATE STUDENTS FOR STIPEND FOR THE MONTH OF \_\_\_\_\_

Ward: _____ Unit: _____ Name of Supervisor: _____										
Sr. No.	Name of Candidate	Father / Husband Name	Name of Course	D.O.J	D.O.C	Inservice / Private	Days Present	Leave Aailed	Absent Days	Remarks
01.										
02.										
03.										
04.										
05.										
06.										
07.										
08.										
09.										
10.										

\_\_\_\_\_  
Signature of Registrar Admn:  
with stamp

\_\_\_\_\_  
Signature of Supervisor  
with stamp

\_\_\_\_\_  
Signature of Unit Chief  
with stamp

\_\_\_\_\_  
Counter signed by PGMC