JAYPEE UNIVERSITY OF INFORMATION TECHNOLOGY

WAKNAGHAT, HIMACHAL PRADESH

ATTENDANCE REGULARISATION/ TOUR FORM

| 1. | Name of Employee | e | | Emp. Code | | | |
|------------------------------------|---|--------------------|------------------|-------------|--------------------|-----------------------|--|
| 2. | Department | | | Designation | | | |
| 3. | Mob. No | | | | Ext. No | | |
| 4. | OFFICIAL TOUR / C This is to inform y Departure Date | you that I sha | | | rrival Date | Time . | |
| | Departure DateTime, Probable Arrival DateTime, Purpose of Tour &Name of Place | | | | | | |
| | | | | | | | |
| 5. | MISSED PUNCH | | | | | | |
| | Date /s | Day | Time In | Time Out | Reason for miss | ing to punch | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 6. | Kindly allow to adju | ust attendanc | e manually as | above. | | | |
| | | | | | Sia | nature of Employee | |
| _ | | | | | | | |
| | rify that the employ time. | yee will proce | ed on Official T | our/was On | Duty/Official Tour | on the specified date | |
| | | | | | | | |
| Name of HODDate | | | | | | Date | |
| Signature of VC/Director/Registrar | | | | | Date | | |
| | | | | | | | |
| | | | | | | | |
| REG | SISTRAR OFFICE:- | | | | | | |
| | ered on | | | | | | |
| Sigi | nature | _ | | | | | |

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WAKNAGHAT, HIMACHAL PRADESH

ATTENDANCE REGULARISATION/ TOUR FORM

| Name of Employee | En | ıp. Code | | | |
|---|--------------------------------|-----------------------|--|--|--|
| 2. Department | epartmentDesignation | | | | |
| 3. Mob. No | Ext. No | | | | |
| 4. OFFICIAL TOUR / OD This is to inform you that I shall be/ was on of Departure DateTime Purpose of Tour & Name of Place | , Probable Arrival Date | | | | |
| 5. MISSED PUNCH | | | | | |
| Date /s Day Time In | Time Out Reason for miss | sing to punch | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. Kindly allow to adjust attendance manually as | Sig | nature of Employee | | | |
| I verify that the employee will proceed on Official 1 and time. | our /was On Duty/Official Tour | on the specified date | | | |
| Name of HOD | Signature of HOD | Date | | | |
| Signature of VC/Director/Registrar | | | | | |
| | | | | | |
| | | | | | |
| REGISTRAR OFFICE:- | | | | | |
| REGISTRAR OFFICE:- Entered on | | | | | |
| | | | | | |