

## **PUNJAB NURSES REGISTRATION COUNCIL**

## **ATTENDENCE SHEET FOR EXAMINEES**

|  | Name of Centre |          |          |  |          |  |
|--|----------------|----------|----------|--|----------|--|
| टाम्प्राचीय अवस्था<br>CHANDIGARH           | Examination    |          | Paper    | Session  |          |  |
| Roll No.                                   |                | Date:    | Date:    | Date:  | Date:    |  |
|  |                | Subject: | Subject: | Subject:   | Subject: |  |
|  | Serial No.     |          |          |  |          |  |
|  | Signature      |          |          |  |          |  |
|  | Serial No.     |          |          |  |          |  |
|  | Signature      |          |          |  |          |  |
|  | Serial No.     |          |          |  |          |  |
|  | Signature      |          |          |  |          |  |
|  | Serial No.     |          |          |  |          |  |
|  | Signature      |          |          |  |          |  |
|  | Serial No.     |          |          |  |          |  |
|  | Signature      |          |          |  |          |  |
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|  | Signature      |          |          |  |          |  |
|  | Serial No.     |          |          |  |          |  |
|  | Signature      |          |          |  |          |  |
|  | Serial No.     |          |          |  |          |  |
|  | Signature      |          |          |  |          |  |
|  | Serial No.     |          |          |  |          |  |
|  | Signature      |          |          |  |          |  |
| Roll Numbers                               | of Absentees   |          |          |  |          |  |
| Signatures of Centre Superintendent  Date: |                |          |          | Signatures of Assistant Superintendent/Clerk Date: |          |  |
|  |                |          |          |  |          |  |