		G	OVERNMEN	T MEDICAL	COLLEGE	UDHAM	IPUR			-	
			Attendan	ce of Faculty and I	Residents (as p	er AEBS)				 - -	
S.NO	NAME OF THE MEDICAL COLLEGE	FACULTY				RESIDENTS DEMONSTRATOR/REGISTRAR			REMARKS	FACULTY ON CCL	
		TOTAL NO. OF FACULTY MEMBERS	NO. OF FACULTY MEMBERS MARKED ATTENDANCE BEFORE 10.30 AM AND AFTER 4.30 PM	ATTENDANCE %AGE	ATTENDANCE DEFICIENT %AGE	TOTAL NO. OF RESIDENTS	NO. OF RESIDENTS MEMBERS MARKED ATTENDANCE BEFORE 10.30 AM AND AFTER 4.30 PM	ATTENDA NCE %AGE	ATTENDANCE DEFICIENT %AGE		
1	GOVT. MEDICAL COLLEGE UDHAMPUR	43	34	79	21	33	28	85	15	3	-
	DATE:-20-03-2025 PRINCIPAL GMC UDHAMPUR										