



## STUDENT'S ATTENDANCE FORM

IUKL would really be grateful if the field supervisor could fill in this attendance form for the whole industrial training duration. This form will need to be verified and enclosed together with the *Confidential Field Supervisor's Report Form*. Student under this course will not be allowed to take annual leave.

Please fill in the form using the following codes:

P - Present	PH - Public Holiday
A - Absent	TR - Outside training/ course*
MC - On Medical Leave*	

\* Verified document needs to be attached

Student's Name National Shrestha

Matric Number: 041902900040

MONTH : March			YEAR : 2023					
DATE	DAY	CODE	DATE	DAY	COD E	DATE	DAY	CODE
1	Wednesday	P	12	Sunday	P	23	Thursday	P
2	Thursday	P	13	Monday	P	24	Friday	P
3	Friday	P	14	Tuesday	P	25	Saturday	PH
4	Saturday	PH	15	Wednesday	P	26	Sunday	P
5	Sunday	P	16	Thursday	P	27	Monday	P
6	Monday	PH	17	Friday	P	28	Tuesday	P
7	Tuesday	P	18	Saturday	PH	29	Wednesday	P
8	Wednesday	P	19	Sunday	P	30	Thursday	PH
9	Thursday	P	20	Monday	PH	31	Friday	P
10	Friday	P	21	Tuesday	P			
11	Saturday	PH	22	Wednesday	P			

MONTH : April			YEAR : 2023					
DATE	DAY	CODE	DATE	DAY	COD E	DATE	DAY	CODE
1	Saturday	PH	12	Wednesday	P	23	Sunday	P
2	Sunday	P	13	Thursday	P	24	Monday	P
3	Monday	P	14	Friday	PH	25	Tuesday	P
4	Tuesday	P	15	Saturday	PH	26	Wednesday	P
5	Wednesday	P	16	Sunday	P	27	Thursday	PH
6	Thursday	P	17	Monday	P	28	Friday	P
7	Friday	P	18	Tuesday	P	29	Saturday	PH
8	Saturday	PH	19	Wednesday	P	30	Sunday	P
9	Sunday	P	20	Thursday	P			
10	Monday	P	21	Friday	P			
11	Tuesday	P	22	Saturday	PH			
MONTH : May			YEAR : 2023					
DATE	DAY	CODE	DATE	DAY	COD E	DATE	DAY	CODE
1	Monday	PH	12	Friday	P	23	Tuesday	P
2	Tuesday	P	13	Saturday	PH	24	Wednesday	
3	Wednesday	P	14	Sunday	P	25	Thursday	
4	Thursday	P	15	Monday	P	26	Friday	
5	Friday	P	16	Tuesday	P	27	Saturday	
6	Saturday	PH	17	Wednesday	P	28	Sunday	
7	Sunday	P	18	Thursday	P	29	Monday	
8	Monday	P	19	Friday	PH	30	Tuesday	
9	Tuesday	P	20	Saturday	PH	31	Wednesday	
10	Wednesday	P	21	Sunday	P			
11	Thursday	P	22	Monday	P			

Field supervisor's verification:

Name : Krikika Shah  
 Position: HR  
 Signature: [Signature]  
 Date : 5 June 2023

University verification:

Academic supervisor's name : \_\_\_\_\_  
 Signature : \_\_\_\_\_  
 Date : \_\_\_\_\_