**DEPARTMENT OF VETERINARY CLINICAL COMPLEX, COLLEGE OF VETERINARY SCIENCE, LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR-125004**

**Attendance-cum-Evaluation Proforma of Interns**

**Section :** …………………………………………………………….

**Group :** …………………………….

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| **Name****of****Student** | **Admission No.** | **Date** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **No. of leave availed** | **No. of days attended** | **Regularity & Sincerely****(20)** | **Daily Performance****(30)** | **Record Maintenance****(20)** | **Total** **Marks****(70)** |
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**Period :** From………………………..To……………………………

 **Instructor Head of Department/Institution**