**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**