



# CHILDREN'S UNIVERSITY, Gandhinagar

## Examination Section

### Block wise Attendance Report

Exam Centre No : \_\_\_\_\_

Exam Centre Name: \_\_\_\_\_

Date:- \_\_\_\_\_ Time : 02.00 PM to 4.00 PM June-2022 Semester-1 Day : \_\_\_\_\_

Block No.	Number of Students	Total students	Seat No. of Absent Students	Total No. of Absent Students	Total Present Students	Name of Jr. Supervisor	Sign of Jr. Supervisor
<b>Grand Total</b>							

Name of Sr. Supervisor : \_\_\_\_\_

Signature of Sr. Supervisor : \_\_\_\_\_

Name of Exam Centre Co-ordinator \_\_\_\_\_

Signature of Exam Centre Co-ordinator: \_\_\_\_\_