PEOPLE'S UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN
SHAHEED BENAZIRABAD

[ATTENDENCE CERTIFICATE]

Name of Student / Trainee _____

S/o - D/o - W/o _____

C.N.I.C # | | | | | | - | | | | | | | | - | |

Contact # _____

Complete Bank Account # _____

Bank Branch _____

Training \ Course Title ☐ FCPS II ☐ M.S ☐ M.D ☐ Diploma ☐ MCPS Batch _____

Specialization (Department) _____

Place of Posting (Ward & Unit) _____

Indispensable Notes:

- ✓ From **December 1st, 2011** and onwards only this format will be acceptable for smooth and uniform work.
- ✓ All the Post Graduate Students are advised to submit their attendance sheet (in this format) duly signed & stamped by all the below authorized signatories (along with 2 duplicate photo copies) before **25th** of every month in Directorate of Finance (Ex. Accounts Branch), PUMHWS, Shaheed Benazirabad. In case any individual fails to do so his/her attendance will be admissible after 15th of next month.
- ✓ **Cutting** / **overwriting** should be validated by any of below authorized signatory otherwise the attendance will not be considered.
- ✓ All relevant rules and policies will be applicable.

Undertaking / Indemnity:

I hereby affirm that I have read and understood the indispensable notes and all the information provided by me in this certificate is true and correct to the best of my knowledge and belief.

Date: _____ Student's Signature _____

FOR P.G.M.C OFFICE USE ONLY

Attendance Present _____ Leave _____ Absent _____

Stipend Allowed For _____ Day(s) of (Month & Year) _____

Remarks (If Any) _____

_____	_____	_____
Additional M.S.	**Head of Department**	**Director P.G.M.C**
P.M.C Hospital, Nawabshah	P.M.C Hospital, Nawabshah	P.U.M.H.S.W, Shaheed Benazirabad

In case of any query or ambiguity feel free to contact Directorate of Finance, P.U.M.H.S.W, Shaheed Benazirabad.

----------Composed By **TALLAL HASSAN ::::** Contact # **0333-7011484**----------