



**SSITC TRAINING DECEMBER 2010**

**BATCH NO.....**

**DATE FROM .....TO .....**

**NAME OF TRAINING CENTRE :.....**

**ATTENDANCE SHEET**

Sl No	Name of Pupil	Class	Div	Name of School				
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PLACE  
DATE

NAME AND SIGNATURE OF RESOURCE PERSONS

1  
2

OFFICE SEAL

SIGNATURE OF THE HEAD OF INSTITUTION