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NAME OF THE ESTABLISHMENT : M/S Dream Destination.

PLACE OF DUTY : Tribal Welfare Hostel, Brookside.

ATTENDANCE FOR THE MONTH OF : October 10.

NAME OF EMPLOYEE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	REMARKS
Mr. KANTHARAO	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
											P										P						P					
Mr. LOK BAHADUR	P	P	P	P	P	P	P	P	P	P	P	ⓐ	P	P	P	P	P	P	P	P	ⓐ	P	P	P	P	ⓐ	P	P	P	P		
Mr. PRADEEP KUMAR	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		



Signature of the Authority

M/S. Dream Destination.  
Junglighat, Port Blair  
S/Andaman.