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NAME OF THE ESTABLISHMENT : M/Lc. Dream Destination.....
 PLACE OF DUTY : TRIBAL WELFARE HOSTEL, BROUKCH Bael.
 ATTENDANCE FOR THE MONTH OF : December' 2010.....

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. KANTHA RAO	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	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

R. KRISHNARAO
 DREAM DESTINATION,
 Junglighat, Port Blair
 Andaman