

Year :



**BEM LIMITED**  
**MYSORE COMPLEX**

**ATTENDANCE CARD**

Name

Dept. No.

Staff No.

Shift

Month	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
JAN																															
FEB																															
MAR																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															

"A" - Absent, "L" - Leave, "S" - Sick Leave, "V" - Vacation Leave, "H" - Holiday, Mark Irregular IN or OUT By Time in Upper and lower block.