

Name of Faculty: Dr. J. K. Srinivasan

FORM NO. 26
Presented under Rule 106
MUSTER
Date: November 2015

Name of the Student: K. Srinivasan
For the Period ending: November 2015

WORKING HOURS

Monday to Friday Deductions	Time of Commencement of work	Rest Period	Time of Completion of work

Sl. No.	Name	Father's Name	Nature of Work	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	No. of Days	Remarks
1	K. Srinivasan	Dr. J. K. Srinivasan	Researcher	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	26	
1	K. Srinivasan	Dr. J. K. Srinivasan	Researcher	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	26	
2	K. Srinivasan	Dr. J. K. Srinivasan	Researcher	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	26	
3	K. Srinivasan	Dr. J. K. Srinivasan	Researcher	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	26	
1	K. Srinivasan	Dr. J. K. Srinivasan	Researcher	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	26	
2	K. Srinivasan	Dr. J. K. Srinivasan	Researcher	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	26	
3	K. Srinivasan	Dr. J. K. Srinivasan	Researcher	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	26	

