C:\Documents and Settings\VIVEK BHARGAVA\Desktop\GBO letterheads.epsSHRI RAM COLLEGE OF COMMERCE

University of Delhi, Maurice Nagar, Delhi – 110007

Phone: 27667905, 27666519 ▪ Fax : 27666510

Website: www.srcc.edu ▪ email: srcc@srcc.edu

SRCC/AD-77/2015 Dated:

**Attendance Benefit Sheet Month\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_**

Dear Colleague,

It is requested that Student,namely\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Roll No. \_\_\_\_\_\_\_\_\_\_ of Course \_\_\_\_\_\_\_\_\_\_\_\_ Semester\_\_\_\_\_\_\_\_\_(Year)\_\_\_\_\_\_\_\_\_\_\_ Section\_\_\_\_\_\_\_\_\_\_\_ has participated in the event(s) given below. So kindly grant her/him attendance benefits for the following classes:

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Date | Class (Period) | Details of Participation |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

Best Regards

**Verified By**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(President)

Society \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher- in- Charge**