

ATTENDANCE REGULARIZATION
APPLICATION FORM

1	Name of the Employee			
2	Employee ID			
3	Designation in Grama/Ward Sachivalayam			
4	Name of the Grama /Ward Sachivalayam & Address			
5	Attendance Regularization Aplying Date			
6	Attendance Regularization Required Dates	Dt. _____ to Dt. _____ (____ Days)		
7	Reason for Attendance Regularization	Tick (✓)	Any other Remarks	
	A Failure of Biometric			
	B On Duty			
	C On Deputation			
	D On a Medical Emergency			
	E Others			

Signature of the Applicant

Station : _____

Date : _____