LAHORE COLLEGE FOR WOMEN UNIVERSITY

INTERN'S MONTHLY ATTENDANCE RECORD

INTERN'S NAME _____

DEPARTMENT OF _____

MONTH _____

Date	Time In	Time Out	Total No. of Hours per day	Intern's Signature	Supervisor's Signature
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					

Date	Time In	Time Out	Total No. of Hours per day	Intern's Signature	Supervisor's Signature
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total No. of Days: _____

Total No. of hours: _____

_____

Director/HOD Signature