Attendance Sheet for 3-Week School Internship Programme
D.El.Ed. 4th Semester (Session 2023–25)

TEI Name: _____

Name of Allotted School: _____

Concerned Faculty (Name & Mobile No.): _____

Head of the Allotted School (Name & Mobile No.): _____

Attendance Record of Trainee

Sl. No.	**Name of trainee**	**Roll No.**	**Date: _____**		**Date: _____**		**Date: _____**		**Date: _____**		**Date: _____**		**Date: _____**	
			Arrival	Departure	Arrival	Departure	Arrival	Departure	Arrival	Departure	Arrival	Departure	Arrival	Departure
1.														
2.														
3.														
4.														
5.														
6.														
7.														

I hereby certify that the above trainee(s) attended the School Internship programme as per the recorded dates and timings.

Signature of Concerned TEI Faculty

Signature of Head of the School