**On-site Evaluation of Course**

Name of Institute: (write name of Institute here)

Date: (write date here)

**ATTENDANCE SHEET**

Program Title and NC Level: (write program title and NC level here)

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| --- | --- | --- |
| Sl.no | Name | Signature |
| Date: | Date: |
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 Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_