



INSTITUTE OF OPEN SCHOOLING & SKILL EDUCATION

[An Autonomous Board Regd Under Trust Act]

Student Attendance Sheet for Examination

Room No: **School/ Center Code:** **Date:**

S.No.	Roll No.	Student Name	Father's Name	Signature

Invigilator Name:

Signature..... **No. of Students Present**.....

Date: **No. of Students Absent**.....