

ATTENDANCE SHEET

Date of the practice: From: _____ Till: _____

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 st week	Date :							
	Arriving:							
	Leaving:							
2 nd week	Date :							
	Arriving:							
	Leaving:							
3 rd week	Date :							
	Arriving:							
	Leaving:							
4 th week	Date :							
	Arriving:							
	Leaving:							

.....
(Signature of the student)

.....
(Signature of the instructor)

.....
(Name of the student printed)

.....
(Name of the instructor printed)

Pharmacy stamp

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3 rd week	Date :							
	Arriving:							
	Leaving:							
4 th week	Date :							
	Arriving:							
	Leaving:							
5 th week	Date :							
	Arriving:							
	Leaving:							

.....
(Signature of the student)

.....
(Signature of the instructor)

.....
(Name of the student printed)

.....
(Name of the instructor printed)

Pharmacy stamp