

Nephrologist Attendance

Centre Name: M.G.I.M.S......

Month: July.....Year: 2023

Date	Name	Designation	Present/Absent	Sign
1		HOD - Nephrologist		
2		HOD - Nephrologist		
3		HOD - Nephrologist		
4		HOD - Nephrologist		
5	<u>DR KRISHAN SINGH</u>	HOD - Nephrologist	<u>Present</u>	<u>KKS</u>
6		HOD - Nephrologist		
7		HOD - Nephrologist		
8		HOD - Nephrologist		
9		HOD - Nephrologist		
10		HOD - Nephrologist		
11		HOD - Nephrologist		
12	<u>DR KRISHAN SINGH</u>	HOD - Nephrologist	<u>Present</u>	<u>KKS</u>
13		HOD - Nephrologist		
14		HOD - Nephrologist		
15		HOD - Nephrologist		
16		HOD - Nephrologist		
17		HOD - Nephrologist		
18		HOD - Nephrologist		
19	<u>DR KRISHAN SINGH</u>	HOD - Nephrologist	<u>Present</u>	<u>KKS</u>
20		HOD - Nephrologist		
21		HOD - Nephrologist		
22		HOD - Nephrologist		
23		HOD - Nephrologist		
24		HOD - Nephrologist		
25		HOD - Nephrologist		
26	<u>DR KRISHAN SINGH</u>	HOD - Nephrologist	<u>Present</u>	<u>KKS</u>
27		HOD - Nephrologist		
28		HOD - Nephrologist		
29		HOD - Nephrologist		
30		HOD - Nephrologist		
31		HOD - Nephrologist		

Centre Manager Name Rohit.....

Sign..... [Signature].....