



**NRHM AYUSH Dispensaries**  
**Attendance Certificate of AYUSH Medical Officer (Form. 1)**

Name of the Dispensary : \_\_\_\_\_

Name of the Medical Officer : \_\_\_\_\_

Date of joining as Medical Officer under NRHM : \_\_\_\_\_

Total no. of days of Casual Leave availed till the last month in this calendar year : \_\_\_\_\_

**Details of leave and off taken during the month of \_\_\_\_\_ Year 20\_\_\_\_\_**

No. of duties attended	No. of eligible weekly off availed	No. of eligible Public Holidays availed	No. of Casual Leave availed	No. of other eligible leave availed	No. of days of loss of pay	Total days eligible for pay (A+B+C+D+E)	Remarks
A	B	C	D	E	F	G	

(Office Seal)

Signature of the Medical Officer  
(Designation seal)

**Details to be entered in the office of the District Medical Officer (ISM / Homoeo)**

Date of receipt of Attendance certificate from the MO : \_\_\_\_\_

Date of despatch of Attendance certificate to the o/o DPM : \_\_\_\_\_

(Office seal)

Signature of the District Medical Officer (ISM / Homoeo)  
(Designation seal)

**Details to be entered in the office of the District Programme Manager (NRHM)**

Date of receipt of Attendance certificate forwarded by DMO : \_\_\_\_\_

Date of online transfer of salary to the bank account of MO : \_\_\_\_\_

Details of salary paid. Amount : ₹ \_\_\_\_\_ Name of Bank : \_\_\_\_\_ A/c No. : \_\_\_\_\_

Remarks if any : \_\_\_\_\_

(Office seal)

Signature of the District Programme Manager (NRHM)  
(Designation seal)