

FORM  
[See Rule  
**MUSTER**

No.6  
29(5)]

**ROLL**

Name of Establishment: SH College (Autonomous)

Yoga - A Path to Holism in Life

Place: Shivara

Sl. No.	Name	Father's/Mother's Name Cl. No.	Sex	Date of Entry into Service	Nature of Work	For the Period: <u>2014 - 2015</u>																															Remarks
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Pradeep C K	7864	M			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
2	Shree Lakshmi P	525	F			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
3	Izoni P. Jai	7237	M			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
4	Appa Kundan	7520	F			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
5	Diabnu Prakash	104	M			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
6	Selbu Jais	4011	F			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
7	Karnap K A	213	M			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
8	Ajay N	202	M			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
9	Alora S C	316	F			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
10	Meris Dsilva	415	F			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		

*[Handwritten signature]*

