FORM NO. VI

MUSTER

Name of Establishment: Dept of Botany, Value Added Course in Orchid Cultivation

SERIAL No.	NAME	FATHER'S/ HUSBAND'S NAME	SEX	NATURE OF WORK	DATE OF ENTRY INTO SERVICE
1	Devika P.		F		
2	Olivia H.		F		
3	Asya Mohan		F		
4	Febina Francis.		F		
5	Alan Francis.		M		
6	Lidiya T.D.		F		
7	Sofia P.S.		F		
8	Anna Pius		F		
9	Tanya Elizabeth		F		
10	Esther Abraham		F		
11	Raima Mary		F		
12	Anna Elizabeth		F		
13	Anakha Shiji		F		
14	Aswathi E. Eastoo		F		
15	Fathima Nazli		F		
16	Anju Augustine		F		

Course Co-ordinator:
Dr. Jose John

SACRED HEART COLLEGE AUTONOMOUS DEPARTMENT OF BOTANY THEVARA, KOCHI-682013

RULE 29 (5)

18BOTVAC02

ROLL

Orchid Cultivation

For The Period Ending

Place:

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	Remarks
18/9	19/9	20/9	21/9	24/9	25/9	26/9																									
x	x	x	x	x	x																										
x	x	x	a	x	x																										
x	x	x	a	x	x																										
x	x	x	a	x	x																										
x	x	x	x	x	x																										
x	x	a	x	x	x																										
x	x	x	x	x	x																										
x	x	x	x	x	x																										
x	x	a	x	x	x																										
x	x	x	x	x	x																										
x	x	x	x	x	x																										
x	x	a	x	x	x																										
x	x	x	x	x	x																										
x	x	x	x	x	x																										
x	x	a	x	x	x																										