



# POORNIMA GROUP

## Achieving Excellence Together



# E14A

### FORTNIGHTLY ATTENDANCE ANALYSIS OF HOSTELLERS

#### ATTENDANCE EVALUATION FORM TO BE FILLED (FORTNIGHTLY) BY FACULTY ADVISOR

Name of Student: \_\_\_\_\_ Year: \_\_\_\_\_ Branch \_\_\_\_\_ Institute \_\_\_\_\_

Duration: \_\_\_\_\_ to \_\_\_\_\_ Room No. \_\_\_\_\_ Hostel Name & No.: \_\_\_\_\_ Name of Faculty Advisor \_\_\_\_\_

S. No.	Attendance for Current Half	Cumulative Attendance	+/- Change From Last Cumulative	Reasons for if Decline in Attendance	Room Cleanliness	Behavior	Remarks By Faculty Advisor	Remarks by Coordinator	Remarks by Chief Coordinator
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Remarks: Please Rate 1 to 5 (5-Very Good, 4-Good, 3-Average, 2-Below Average, 1-Poor)

Room Cleanliness:

Behaviour:

Signature of Faculty Advisor with Date





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### WEAK ATTENDANCE & ACADEMIC PERFORMERS OF HOSTELS

REPORT BY FACULTY ADVISORS (TO BE SUBMITTED FORTNIGHTLY TO ACADEMIC ADMINISTRATOR)

Name of Faculty Advisor..... Hostel Name: ..... Duration: ..... to .....

1. % Students having Adequate Attendance (More than 75%) :
2. % Students having Adequate Rating (More than 10 out of 15) :

S.No	Name of Students who have low Attendance (last 10 students in order)	Institute	Branch	Class and Year	Room No.	S.No	Name of Students who have Academic grade less than 5	Institute	Branch	Class and Year	Room No.
1.						1.					
2.						2.					
3.						3.					
4.						4.					
5.						5.					
6.						6.					
7.						7.					
8.						8.					
9.						9.					
10.						10.					

Remarks: Please Rate 1 to 5 (5-Very Good, 4-Good, 3-Average, 2-Below Average, 1-Poor)



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### WEAK ATTENDANCE & ACADEMIC PERFORMERS OF HOSTELS

HOSTEL-WISE REPORT BY FACULTY ADVISOR (TO BE SUBMITTED FORTNIGHTLY TO THE DEAN, HOSTELS)

Duration: \_\_\_\_\_ to \_\_\_\_\_

Hostel Name: \_\_\_\_\_ Date \_\_\_\_\_

S.No	Name of Students who have low Attendance (last 10 students in order)	Institute	Branch	Class and Year	Room No.	S.No	Name of Students who have Academic grade less than 5	Institute	Branch	Class and Year	Room No.
1.						1.					
2.						2.					
3.						3.					
4.						4.					
5.						5.					
6.						6.					
7.						7.					
8.						8.					
9.						9.					
10.						10.					

Remarks by Dean, Hostels (Weekly) \_\_\_\_\_

Signature of Faculty Advisor  
with Date



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### WEEKLY REPORT BY WARDEN

Duration: \_\_\_\_\_ to \_\_\_\_\_ Hostel Name: \_\_\_\_\_ Date \_\_\_\_\_

S.No	Room Hygiene 5/4/3/2/1		Behavior 5/4/3/2/1		Attendance & Regularity Y/N		Discipline Good/Bad		Habits Good/Bad	
	Name of Student	Grade	Name of Student	Grade	Name of Student	Grade	Name of Student	Grade	Name of Student	Grade
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Remarks By Warden	
Remarks By Dean, Hostels	

Remarks: Please Rate 1 to 5 (5-Very Good, 4-Good, 3-Average, 2-Below Average, 1-Poor)