KEFRI/F/MR/02



**ATTENDANCE REGISTER FOR IMS INTERNAL AUDIT**

Audit Centre: …………………………................... Date: ……………………….

|  |  |  |  |
| --- | --- | --- | --- |
| **SNO.** | **NAME** | **DESIGNATION** | **SIGNATURE** |
| **Opening meeting** | **Closing meeting** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |