## Monthly Report: LWPs

Reporting Month: [Month, Year]
Submitted by: Registrar

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| S. No. | Name of Employee | Designation | Department | Dates of LWP (From–To) | Total Days | Cumulative LWPs during the session | LWPs taken during exams/prohibition period | Remarks |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |