NAME OF STUDENTS Angarkhe Payal Sahebrao

NAME OF THE AGENCY Prism Foundation

NAME OF FACULTY SUPERVISOR chetan diwan sir.

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																	1 - A 10 - P 1 - H		
Sept.	P/4	P/5	P/6	P/11	P/12	P/13	P/18	P/19	P/20	P/25	P/26	A/27				12		Sagar	
October	~~P/2~~	P/3	P/4	P/9	P/10	P/11	P/16	P/17	P/18	~~P/30~~	~~P/31~~	P/23	P/25	P/30	P/31	14	12 - P 2 - H	Sagar	
January																			
February												P/21	P/26	P/27	P/28	4	4 - P		
March	P/4	P/5	P/6	P/11	P/12	P/13	P/18	A	P/20	25/H	P/26	P/27				12	10 - P 1 - H		
April	P/1	P/2	P/3	P/8	H/9	P/10	P/15	P/16	P/17	P/22	P/23	P/24	A	A		12	P - 11 H - 1		

P - For day present A - for absent H - for holiday E - for extra

27 sep. Mar-19

2 - Gandhi jayanti

14 - 25/3/24, 9/4/24,

1 nov -

over 50 years of Excellence
KARVE INSTITUTE OF SOCIAL SERVICE
ESTD SINCE 1963

NAME OF STUDENTS Prajakta Balid.

NAME OF THE AGENCY Divyang Kalyankari Sanstha

NAME OF FACULTY SUPERVISOR Dr. Preety Kamble

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P		P	P	P	P				12	11	Sarika	
October	P	P	P	P	P	P	P	P	P	P	P	P	P	P		13	13	Sarika	
January									E										
February									P	P	P	P				4	4	Sarika	
March	P	P	P	P	P	P	P	P	H	H	P	P				10	12 Balid	Sarika	
April	P	P	P	P	H	P	P	P	H	P	P	P	H	P		10	12 Balid	Sarika	

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Rohan Yashwant Bambale

NAME OF THE AGENCY Reelief Foundation Bhosri

NAME OF FACULTY SUPERVISOR Rajashree Damle ma'am

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/H	20/P	25/P	26/P	27/P				12	11	Kotekar	Damle
October	2/P	3/P	4/P	5/P	6/P	8/P	9/P	11/P	12/P	14/P	18/P	23/P	24/P	25/P	31/P	14	12	Kotekar	Damle
January																			
February	—	—	—	—	—	—	—	—	—	—	—	21/P	26/P	27/P	28/P	04	04	Kotekar	
March	04/P	05/P	06/P	11/P	12/P	13/P	18/P	19/P	20/P	25/P	26/P	27/P	07/P	19/P	22/P	12	11	Kotekar	
April	01/P	02/P	03/P	9/P	9/P	9/H	10/P	15/P	16/P	17/P	22/P	23/P	29/P	30/P		12	11	Kotekar	

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Bansode Akshay Rajkumar

NAME OF THE AGENCY Ayodhya Charitable Trust Pune.

NAME OF FACULTY SUPERVISOR Dr. Devanand shinde sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 2023

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P 4/9	P 5/9	P 6/9	P 11/9	P 12/9	P 13/9	P 18/9	H 19/9	P 20/9	P 25/9	P 26/9	A 27/9				11 days	10 days		
October	A 2/10	P 3/10	P 4/10	P 9/10	P 10/10	P 11/10	P 16/10	A 17/10	P 18/10	P 23/10	H 24/10	P 25/10	A 30/10	P 31/10		13 days	10 days / 20		
January																			
February	P 21/2	P 22/2	P 27/2		P 28/2											4 days	4 days	Swapnali	
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	H 25	P 26	P 27				11 days	11 days	Swapnali	
April	A 1	A 2	P 3	P 8	H 9	P 10	P 15	P 16	P 17	P 22	P 23	P 24	P 29	P 30		13 days	11 days / 26	Swapnali	

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Aniket Bhagwat Bhaltadak

NAME OF THE AGENCY Hope For The children Foundation

NAME OF FACULTY SUPERVISOR Dr. Devanand shinde sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/A	19/H	20/P	25/P	26/P	27/P				12	10		
October	2/H	3/P	4/H	9/P	10/P	11/P	16/P	17/P	18/P	23/A	24/H	25/P	30/P	31/P		11	10		
January																	20		
February												21/P	26/P	27/A	28/P	4	3		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	25/A	26/P	27/P				12	11		
April	1/P	2/P	3/P	8/P	9/H	10/P	15/P	16/P	17/P	22/P	23/P	24/P	29/P	30/A		14	12		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Ritesh. M. Bhoyar.

NAME OF THE AGENCY Swaranaad Rehabi

NAME OF FACULTY SUPERVISOR Dr. Chitra Rajuskar

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/H	6/P	11/P	12/P	13/P	18/P	19/P	20/A	25/P	26/P	27/P				12	11		30/10/23
October	2/H	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	24/H	25/P	30/P	31/P		14	14		
January																			
February												21/P	26/P	27/P	28/P.	4	4		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P.	25/H	26/A	27/P			E/03	12	11		
April	1/P.	2/P.	3/P	8/P	9/H	10/P	15/P	16/P	17/H	22/P	23/P	24/P	29/P	30/P.		14	13		

P - For day present A - for absent H - for holiday E - for extra

31/8/5/24

(7)

NAME OF STUDENTS Devika G. Burad

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF THE AGENCY Deep Griha Society

NAME OF FACULTY SUPERVISOR Mr. Chayan Pardhi

Field Work Attendance Card For the year 2023 – 24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/9 P	5/9 P	6/9 P	11/9 P	12/9 P	13/9 P	18/9 P	19/9 H	20/9 P	25/9 P	26/9 P	27/9 P	-	-	-	11	11	25/9/23	clvf
October	02/10 H	03/10 P	04/10 P	09/10 P	10/10 P	11/10 P	16/10 P	17/10 P	18/10 P	23/10 P	H 24/10	25/10 P	30/10 P	31/10 P	-	12	12	31/10/23	clvf 6/11/23
January																			
February												21 P	26 P	27 P	28 P	4	4		clvf 19/04/2024
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 P	-	-	-	11	11		clvf
April	1 A	2 A	3 A	8 P	9 H	10 P	15 P	16 P	17 P	20 E	22 P	23 P	24 P	27 E	29 P	30 P	12	13		clvf

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Dnyaneshwari . B. chapte

NAME OF THE AGENCY ~~Deep Griha Society~~

NAME OF FACULTY SUPERVISOR ~~Mr. Chavan pardhi~~ .

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P 4/9	P 5/9	P 6/9	P 11/9	P 12/9	P 13/9	P 18/9	H 19/9	P 20/9	P 25/9	P 26/9	P 27/9				11	11	25/9/23	
October	2/10 H	3/10 P	4/10 P	9/10 P	10/10 P	11/10 P	P 16/10	P 17/10	P 18/10	P 23/10	H 24/10	P 25/10	P 30/10	P 31/10		12	12	31/10/23	02/11/23
January																			
February												P 21	P 26	P 27	P 28	04	04	27/2/24	06/3/24
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	H 25	P 26	P 27				12	11	26/3/24	
April	P 1	P 2	P 3	P 8	H 9	P 10	P 15	P 16	P 17	P 22	P 23	P 24	P 29	P 30		14	13	26/4/24	

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Chavan Swapnali Motiram

NAME OF THE AGENCY Kusumbai Motichand Mahila Seva gram, pune

NAME OF FACULTY SUPERVISOR Mrs. Rajashri Damle.

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

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Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/A	19/H	20/P	25/P	26/P	27/P				11	10	SAhuja	
October	2/H	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	24/H	25/P	30/P	31/P		12	12	SAhuja	
January																			
February	-	-	-	-	-	-	-	-	-	-	-	21/P	26/P	27/A	28/A	04	02	SAhuja	
March	4/A	5/A	6/A	11/P	12/P	13/P	18/P	19/P	20/P	25/H	26/P	27/A	-	-	-	12	07	SAhuja	
April	1/P	2/P	3/P	8/P	9/H	10/P	15/P	16/P	17/A	22/P	23/P	24/P	29/P	30/P	-	12	1012	SAhuja	

P - For day present A - for absent H - for holiday E - for extra

E - 02 May
03 May

SUPERINTENDENT
K. M. Mahila Seva Gra
25/20 Karve Road,
Pune-411 004.

NAME OF STUDENTS Rajdeep Sachin deshmukh

NAME OF THE AGENCY technical training institute

NAME OF FACULTY SUPERVISOR Shaemila Tamteke

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				11	11		
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P		12	12		
January																			
February												P	P	P	P	4	4		
March	P	P	P	P	P	P	P	P		P	H	P	P			11	11		
April	P	P	P	P	H	P	P	P	H	P	P	P	H	P		11	11		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Akshada D. Gaikwad

NAME OF THE AGENCY GGFC, by FPAI.

NAME OF FACULTY SUPERVISOR Dr. Sharmila Ranteke

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/H	20/P	25/P	26/P	27/P				11	11		
October	3/P	4/P	5/H	9/P	10/P	11/P	16/P	17/P	18/P	23/P	24/A	25/P	30/P	31/P		12	12		
January																			
February												21/P	26/P	27/P	28/P	4	4		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	25/H	26/P	27/P				11	11		
April	1/P	2/P	3/P	8/P	9/H	10/P	15/P	16/P	17/P	22/P	23/P	24/P	29/P	30/P		13	13		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Rutuja R. Gaikwad

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF THE AGENCY i-Teach - Sameath Ashok Vidyamandir english medium school.

NAME OF FACULTY SUPERVISOR Dr. Chitralekha Rajeskar.

Field Work Attendance Card For the year 2023-24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 P	26 P	27 P				12	11	23/10/23	7/11/2023
October	2 P	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		14	13	8/11/2023	
January																			
February												21 P	26 P	27 P	28 P	4	4		
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 P				12	11		
April	1 P	2 P	3 P	8 P	9 H	10 P	15 P	16 P	17 P	22 P	23 P	24 P	29 P	30 P		14	13		8/5/24

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Gaikwad Vaibhavi

NAME OF THE AGENCY ICDS

NAME OF FACULTY SUPERVISOR Mr. Chayan Pardhi Sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August		P	P																
Sept.		P 5	P 6	P	P	P	P	P	P	P	P	P	P			12	11		
October	A 2	A 3	P 4	P 9	P 10	P 11	P 16	P 17	P 18	P	P	P				12	12		26/11/23
January																			
February												P 20	P 26	P 27	P 28	4	4		
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	H 25	P 26	P 27				11	11		
April	P 1	P 2	P 3	P 8	H 9	P 10	P 15	P 16	H 17	P 22	P 23	P 24	P 29	P 30		12	12		26/05/24

P - For day present A - for absent H - for holiday E - for extra

2 October
Gandhi Jayanti

NAME OF STUDENTS Golave Rahul Balasaheb

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY ICDS

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Chayan Paradhi sir.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				11	12		
October	P	P	H	P	P	P	P	P	P	P	H	P	P	P		12	12		
January																			
February												P	P	P	P				
March	H	P	P	P	P	P	P	P	P	H	P	P							
April	P	P	P	P	H	P	P	P	H	P	P	P	P	P					

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Ravikiran kailas Gore

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY ICDS kothrud

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Mr. Chavan Pardhi

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/9 P	5/9 P	6/9 P	11/9 P	12/9 P	13/9 P	16/9 P	17/9 H	18/9 P	23/9 P	24/9 P	25/9 P	-	-	-	11	11		
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P	-	12	12		
January																			
February												20/2 P	26/2 P	27/2 P	28/2 P	4	4		
March	4/3 P	5/3 P	6/3 P	11/3 P	12/3 P	13/3 P	18/3 P	19/3 P	20/3 P	25/3 H	26/3 P	27/3 P	-	-	-	11	11		
April	1/4 P	2/4 P	3/4 P	8/4 P	9/4 H	10/4 P	15/4 P	16/4 P	17/4 H	22/4 P	23/4 P	24/4 P	29/4 P	30/4 P	-	12	12		

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Gawali Shriram Laxman

NAME OF THE AGENCY Dilasa Kendra MR Child School

NAME OF FACULTY SUPERVISOR Dr. C. Rajuskar

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	-	-	-	P	P	P	P	P	P	P	H	P	P	P	P	11	11	4.10.23	
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P	-	12	12	31.10.23	
January																			
February												P/21	P/26	P/27	P/28	04	04	20.3.24	23/3/24
March				P/4	P/5	P/6	P/11	P/12	P/13	P/18	P/19	P/20	P/26	P/27	E/28	11+1	12	20.3.24	
April	P/01	P/02	P/03	P/08	~~P~~ H	P/10	P/15	P/16	H	P/22	P/23	P/24	P/29	P/30	-	12	12	9.5.24	8/5/24

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Avanti Harne

NAME OF THE AGENCY St. Michael's Home

NAME OF FACULTY SUPERVISOR Dr. Preety Hamble Mam

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	17/PH	18/P	20/P	25/P	26/P	27/A				12	11		
October	2/P	3/P	4/P	9/P	10/P	11/P	15/PH	16/P	17/P	18/P	23/P	24/A	30/P	31/P		14	13		
January																			
February									21/P	26/P	27/P	28/P				04	04		
March	4/P	5/P	6/P	10/E	11/P	12/P	13/P	18/P	19/P	24/P	25/H	26/P	27/P	31/E		11	13		
April	1/P	2/P	3/P	8/P	9/H	10/P	15/A	16/A	17/H	22/P	23/P	24/P	29/P	30/P		12	10		

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF STUDENTS Jagtap Teevan Anil

NAME OF THE AGENCY V.R. Ruia Mook badhir vidyalaya

NAME OF FACULTY SUPERVISOR Dr. Sharmila Ramteke

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/H	18/A	19/H	20/A	25/P	26/P	27/P				10	08		8/11/23
October	2/H	3/P	4/A	9/P	10/P	11/P	16/P	17/P	18/P	23/P	24/H	25/P	30/P	31/P		12	11		8/11/23
January																			
February										26/A	27/P	28/P				03	02		
March	4/P	5/P	6/P	11/A	12/P	13/P	18/P	19/P	20/P	25/H	26/P	27/P				11	10		
April	1/P	2/P	3/P	8/P	9/H	10/P	15/P	16/P	17/H	22/P	23/P	24/P	29/P	30/P		12	12		25/4/24

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Bhagyashri S. Jatol

NAME OF THE AGENCY MKSSS

NAME OF FACULTY SUPERVISOR Dr. Chitra Rajuskar mam.

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/A	19/H	20/P	25/P	26/P	27/P				12	10		
October	2/H	3/P	4/P	9/P	10/P	11/A	16/P	17/P	18/P	23/P	24/H	25/P	30/P	31/P		14	11		
January																			
February									21/P	25/P	27/P	28/P				04	-4		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/A	25/H	26/P	27/A				12	10		
April	1/P	2/P	3/P	8/P	9/H	10/P	15/P	16/P	17/H	23/P	24/P	25/P	29/P	30/P		11	—		

P - For day present A - for absent H - for holiday E - for extra

24/3/2024

27/4/2024

21/11/2024

NAME OF STUDENTS Yashraj kadam

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY Janseva Charitable Cente

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4 P	5 P	6 P	11 P	12 P	13 H	18 P	19 H	20 P	25 P	26 P	27 P				12	11		
October	2 H	3 P	4 P	9 A	10 A	11 A	16 A	17 A	18 A	23 P	24 H	25 P	30 P	31 P		14	8		
January																26			
February	21 A	26 P	27 P	28 P												4	~~5~~ 3		
March	4 P	5 P	6 P	11 P	12 A	13 A	18 P	19 P	20 P	25 H	26 P	27 P				12	~~10~~ 9		
April	1 P	2 P	3 P	8 P	9 H	10 P	15 P	16 P	17 A	22 P	23 P	24 P	29 P	30 P		14	13		

P - For day present A - for absent H - for holiday E - for extra

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KARVE INSTITUTE OF SOCIAL SERVICE
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Field Work Attendance Card For the year 20

NAME OF STUDENTS kamble Gaurav Balaji

NAME OF THE AGENCY Snehdeep Jankalyan Foundation

NAME OF FACULTY SUPERVISOR Dr. Chitralekha Rajuskar

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/H	20/P	25/P	26/P	27/P				11	11		
October	2/H	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	24/H	25/P	30/P	31/P		12	12		7/11/2023
January																			
February													26/P	27/A	28/P	03	02		23/3/24
March	4/P	5/A	6/A	11/P	12/P	13/P	18/P	19/P	20/P	25/H	26/P	27/P				12	09		
April	2/P	2/P	3/P	8/P	9/P	10/P	15/P	16/P	17/P	22/P	23/P	24/P	29/P	30/P		14	14		04/5/24

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Harshada Rajendra Kamble

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF THE AGENCY Pune city connect Light house

NAME OF FACULTY SUPERVISOR Dr. preeti Kamble MaM

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	H	P	P	P	~~P~~ ½	-	-	-	11	10½	09-10-23	
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P	P	13	13	06-11-23	
January																			
February												P	P	P	P	4	4	04-03-24	
March	P	P	A	P	A	A	P	P	P	H	P	P				11	8	02-04	
April	P	P	P	P	H	~~A~~ ½	P	P	H	P	P	P	P	P	H	12	11.5	02-05	

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Kamble Vishal Vijay

NAME OF THE AGENCY Surhud Mandal, BMSK Pune

NAME OF FACULTY SUPERVISOR Dr. Chitra Rajurkar Mam

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Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	H	20/P	25/P	26/P	27/P				12	11		
October	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	H	25/P	30/P	31/P			14	12		
January																			
February	21/P	26/P	27/P	28/P												4	4		
March	4/P	5/P	6/P	11/A	12/P	13/P	18/P	19/P	20/P	25/H	26/A	27/P				12	9		
April	1/P	2/P	3/A	8/P	9/H	10/P	15/P	16/P	17/H	22/P	23/P	24/P	29/P	30/P		12	11		

P - For day present A - for absent H - for holiday E - for extra

03/5/2024

NAME OF STUDENTS Anya Karpe.

NAME OF THE AGENCY Navkshitij.

NAME OF FACULTY SUPERVISOR PROF. CHETAN DIWAN SIR.

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Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	H	H	P	P	P	P				10	10		
October	P (E)	P	P	P	P	P	P	P	P	P	H	H	P	P		11	12.		
January																			
February	~~21 P~~		~~21 P~~						21 P	26 P	27 P	28 P				04	04.		
March	04 P.	P	P	P	P	P	A	P	P.	H	P	P.				11	11		
April	A	P	P	P	H	P	P	P	H	P	P	P	P	P.		12	11		

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
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Cell : 7517564210,
Field Work Attendance Card For the year 2023

NAME OF STUDENTS Khamse Rupali Dattatray
NAME OF THE AGENCY iTeach SAV/Reelief foundation
NAME OF FACULTY SUPERVISOR Dr. chitralekha Rayuskar / chetan diwan sir

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/H	20/P	25/A	26/P	27/P				12	10		
October	2/P	3/P	4/P	9/P	10/P	11/P	16/P	17/A	18/A	23/P	24/H	25/P	30/A	31/P		14	10		
~~January~~ November	2/P	3/P														02	02		
February	21/P	26/P	27/P	28/P												04	04		
March	4/A	5/P	6/P	8/P	11/P	12/P	13/P	18/P	19/P	20/P	25/H	26/P	27/P			12	11		
April	1/A	2/P	3/P	8/P	9/H	10/P	15/P	16/P	17/P	22/P	23/P	24/P	29/P	30/P		14	12		

P - For day present: 22, 27
A - for absent: 04, 02
H - for holiday: 02, 02
E - for extra: 02

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NAME OF STUDENTS Alisha Nilesh Khilare

KARVE INSTITUTE OF SOCIAL SERVICE
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Cell : 7517564210,

NAME OF THE AGENCY Sevasadan Dilasa Kanyashala

NAME OF FACULTY SUPERVISOR Mr. Chayan Pardhi

Field Work Attendance Card For the year 2023 - 24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P 4/9/23	P 5/9/23	P 6/9/23	P 11/9	P 12/9	P 13/9	A 18/9	H 19/9	P 20/9	P 25/9	P 26/9	P 27/9				12	10		
October	P 3/10	P 4/10	P 4/10	P 9/10	P 10/10	P 11/10	P 16/10	P 17/10	P 18/10	A 23/10	H 24/10	P 25/10				12	10		03/11/23
January																			
February	P 21/24	P 26/24	A 27/24	A 28/24												04	02		07/02/24
March	P 4/24	P 5/24	P 6/24	P 11/24	T 12/24	P 13/24	P 18/24	P 19/24	P 20/24	H 25/24	P 26/24	P 27/24				11	11		
April	A 1/24	P 2/24	P 3/24	P 8/24	H 9/24	P 10/24	P 15/24	P 16/24	P 22/24	P 23/24	P 24/24	P 29/24	P 30/24			12	11		07/05/24

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Akshay S. Khollam.
NAME OF THE AGENCY Lighthouse Communities Foundation.
NAME OF FACULTY SUPERVISOR Dr. Preeti Kamble Ma'am.

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	H	P	P	P	P	–	–	–	11	11	09-10-23	
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P	P	13	13	31-10-23	
January																			
February	–	–	–	–	–	–	–	–	P	P	P	P	–	–	–	04	04	04-03-24	
March	P	P	P	P	P	P	P	P	P	H	P	P	–	–	–	11	11	31-05	
April	P	P	P	P	H	P	P	P	H	P	P	P	P	P	–	12	12	31-05	

P - For day present A - for absent H - for holiday E - for extra

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NAME OF STUDENTS Varsha K. Korhale
NAME OF THE AGENCY Light House, Bhavanipeth
NAME OF FACULTY SUPERVISOR Dr. Preeti Kamble.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																	-		
August																			
Sept.	P	P	½	P	P	P	½	A	P	P	P	P				11	10		
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P	P	13	13		
January									P						-				
February									P	P	P	P	P	P	P	04	04	04-03-24	
March	P	P	P	P	P	P	P	P	P	H	P	P				11	11	02-05	
April	P	P	P	P	H	P	P	A	H	P	A	P	P	P		12	10	02-05	

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Chetana. G. Kudale

NAME OF THE AGENCY Sassoon General Hospital

NAME OF FACULTY SUPERVISOR Prof. Chetan. Diwan Sir.

KARVE INSTITUTE OF SOCIAL SERVICE

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Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July	P	P	P																
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/A	19/H	20/P	25/P	26/P	27/P				P-10 A-1 H-1	10		
October	2/P	3/P	4/P	P	P	P	P	P	P	A	H	P	P	P	31/P	P-13 A-1 H-1	13		
January																			
February	21/P											21/P	26/P	27/P	28/P	P-4 A-0 H-0	4		
March	4/P	5/P	6/P	11/P	12/A	13/P	18/P	19/P	20/P	25/H	26/P	27/P				P-10 A-1 H-1	10		
April	1/P	2/P	3/P	8/P	9/H	10/P	15/P	16/P	17/H	22/P	23/P	24/P	29/P	30/P		P-12 A-0 H-2	~~12~~ 12		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Ravi Shriram Lad

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY Sasoon General Hospital.

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Prof. Chetan Diwan.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				11	11		
October	P	P	P	P	P	P	P	P	P	P	H	P	P	P		13	13		
January																			
February												P	P	P	P	04	04		
March				P	P	P	P	P	P	P	P	P	H	P	P	11	11		
April	P	P	P	P	H	P	P	P	H	P	P	P	P	P		12	12		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Lokhande Aniket Rajesh

NAME OF THE AGENCY शांतादेवी बालआधार, शिवाजीनगर

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Rajashree Damle ma'am

Field Work Attendance Card For the year 2023-24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				11	11	Rus	RP ample
October	H	P	P	P	P	P	P	P	P	P	H	P				12	12	Rus	RP ample
January												P							
February	—	—	—	—	—	—	—	—	—	—	—	P	P	P	P	4	4	Rus	RP ample
March	P	P	P	P	P	P	P	P	P	H	P	P	—	—		11	11	Rus	
April	P	P	P	P	H	P	P	A	H	A	P	P	P	P		12	11	Rus	

P - For day present A - for absent H - for holiday E - for extra

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Cell : 7517564210,

NAME OF STUDENTS Swarali Vijay Mahale
NAME OF THE AGENCY Jagruti Rehabilitation Center
NAME OF FACULTY SUPERVISOR Dr. Preeti Kamble

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July	M	T	W	M	T	W	M	T	W	M	T	W	M	T	W				
August																			
Sept.	P	P	P	P	P	P	A	H	A	P	P	P				12	09	✓	OK
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P		14	12	✓	
January																			
February	-	-	P	P	P	P										04	04	✓	✓
March	P	P	P	P	P	P	P	P	P	H	P	P				11	11	✓	✓
April	P	P	P	A	H	P	P	P	H	P	P	P	P	P		12	11	✓	✓

P - For day present A - for absent H - for holiday E - for extra

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18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF STUDENTS Sanskruti N. Mate

NAME OF THE AGENCY Yardi India Pvt Ltd.

NAME OF FACULTY SUPERVISOR Mr. Chayan Pardhi

Field Work Attendance Card For the year 20 24-25

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	06 P	07 P	08 P	13 A	14 P	15 H	20 P	21 P	22 P	27 P	28 P	29 P				11	10		
Sept.	03 P	04 P	05 P	10 P	11 P	12 P	17 H	18 H	19 A	24 P	25 P	26 P				10	9		
October	01 P	02 H	03 H	08 P	09 P	10 P	15 A	16 P	17 P							7	6		
January	20 P	21 P	22 P	27 P	28 P	29 A				*						6	5		
February	03 P	04 P	05 P	10 P	11 P	12 P	17 A	18 A	19 H	24 A	25 A	26 H				10	6		
March	03 P	04 P	05 P	10 P	11 P	12 P	17 A	18 A	19 A	24 A	25 A	26 A	31 A			13	6		
April	01 A	02 A	15 P	23 P	26 P	28 P	29 P	30 P	01/5 P	02/5 P						8	8		

P - For day present A - for absent H - for holiday E - for extra

LBS 7/5/25

Due to the accident, the last 9 days of FW in March was missed. Recovered 8 days in the month of may were recovered by agency-assigned tasks.

NAME OF STUDENTS Prasad S. Nevase.

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF THE AGENCY Dnyandevi, Shradhnagar, Pune

NAME OF FACULTY SUPERVISOR Rajshree Damle

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				11	11	RLS	RDamle
October	H	P	P	P	P	P	P	P	A	P	H	P	P	P		12	11	RLS	RDamle
January																			
February												P	P	P	P	4	4	RLS	
March	P	P	P	P	P	P	A	P	P	H	P	P				11	10	RLS	
April	P	P	P	P	H	P	P	P	H	P	P	P	P	P		12	12	RLS	

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Shraddha Laxman Nikam.

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY FPA India.

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Sharmila Ramtake Ma'am.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				11	11		
October	H	P	P	P	P	P	P	P	P	P	H	P	P	A		12	11		
January																			
February												P	P	P	P	4	4		
March	P	P	P	P	P	A	P	P	P	P	P	H	P			11	11		
April	P	P	P	P	H	P	P	P	A	P	P	P	P	P		12	13		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Parde Sanchita Sanjay

NAME OF THE AGENCY Madhurbhan Bliss / Ruia Mookbadhir

NAME OF FACULTY SUPERVISOR Rajashri Damle / Dr. devanand shinde

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 2023

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	04/P	05/P	06/P	11/P	12/P	13/P	18/P	20/P	25/P	26/P	27/P					11	11		
October	~~02~~ H	03/A	04/A	09/P	10/P	11/P	16/P	17/P	18/P	24/P	25/P	30/P	31/P			12	10		
January																			
February	21/P			26/P	27/P	28/P										04	04		
March	4/P	5/P	6/P	11/A	12/P	13/P	18/P	19/P	20/P	26/P	26/P	27/P				12	10		
April	1/P	2/P	3/P	8/P	9/H	17/P	15/P	16/P	17/H	22/P	23/P	24/P	29/P	30/P		14	12		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Dipali mangesh Rathod

NAME OF THE AGENCY Madhurbhav/Deep griha society

NAME OF FACULTY SUPERVISOR Dr. Dnyanand shinde

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 A	20 P	25 A	26 P	27 P	P	P			11	9		7/11/2023
October	2 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 A	25 P	30 P	31 P				12	11		7/11/2023
January																			
February	21 P			26 P	27 P	28 P										04	04		
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 A	27 A				12	09	30/4/24	
April	1 P	2 P	9 P	8 P	9 H	10 P	15 P	16 P	H	22 P	23 P	24 P	29 P	30 P		14	12	30/4/24	

P - For day present 25

A - for absent 02

H - for holiday 03

E - for extra

NAME OF STUDENTS VISHAL RATHOD

NAME OF THE AGENCY MANAVYA

NAME OF FACULTY SUPERVISOR SHARMILA MAM

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	04 P	05 P	06 P	10 P	12 P	13 P	17 P	19 H	20 P	24 P	26 P	27 P				11	11		
October	01 P	03 P	04 P	08 P	10 P	11 P	15 A	17 A	18 A	22 P	24 P	25 H	29 P	31 P		~~10~~ 14	10		
January																			
February									21 P	26 P	27 P	28 P				04	04		
March	4 P.	5 P.	6 P	10 E	11 P	12 P	13 P.	18 A	19 A	20 A	25 H	26 A	27 A			12	07		
April	1 P	2 P	3 P	8 P	9 H	10 P	15 P	16 P	17 H	22 P	23 P	24 P	25 P	30 P	01/5 E	14	12		

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS SANTOSH TUKARAM RAUT.
NAME OF THE AGENCY ~~Retif Foundation.~~ I Teach School BHOSARI Karvenagar
NAME OF FACULTY SUPERVISOR ~~RAJSHREE DAMLE~~ Vrushali Talate

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month	Sept.																		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4	5	6	11	12	13		18	20		25	26	27			11	23		
October	3	4		9	10	11		16	17	18	23	25		30	31	12			
January																			
February												21 A	26 P	27 P	28 P	4	3	CS 23/3	Talate
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 P				12	11	CY	Talate
April	1 P	2 P	3 P	8 P	9 H	10 P	15 P	16 P	17 P	22 P	23 P	24 P	29 P	30 P		14	13	CY	

CY 8/5/2024

P - For day present A - for absent H - for holiday E - for extra

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Cell : 7517564210,

Field Work Attendance Card For the year 20

NAME OF STUDENTS Vaishnavi. N. Raykar.

NAME OF THE AGENCY Aakansha foundation.

NAME OF FACULTY SUPERVISOR Chayan Pardhi

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P 4/9	P 5/9	P 6/9	P 11/9	P 12/9	P 13/9	P 18/9	H 19/9	P 20/9	P 25/9	P 26/9	P 27/9	P 2/10	P 3/10	P 4/10	12	11		
October	P 2/10	P 3/10	P 4/10	P 9/10	P 10/10	P 11/10	P 16/10	P 17/10	P 18/10	E 19/10	P 23/10	H 22/10	P 25/10	P 30/10	P 31/10	15	14		
January												P 27/12	P 26/12	P 27/12	P 28/12				
February												P 27/2	P 25/2	P 27/2	P 28/2	04	04		
March	P 4/03	P 05/3	P 6/3	P 11/03	P 12/3	P 13/3	P 18/3	P 19/3	P 20/3	H 25/3	P 26/3	P 27/3				12	11		
April	P 1/4	P 2/4	P 3/4	P 4/4	H 9/4	P 10/4	P 15/4	P 16/4	P 17/4	P 24/4	P 29/4	P 30/4	P 29/4	P 30/4		14	13		

P - For day present A - for absent H - for holiday E - for extra

year - 2023

(41)

NAME OF STUDENTS Jyoti Ramesh Saine.

NAME OF THE AGENCY Aakansha foundation

NAME OF FACULTY SUPERVISOR Chayan pandhi Mam.

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P 5/9/23	P 5/9/23	P 6/9/23	P 7/9/23	P 12/9/23	P 13/9/23	A 18/9/23	H 19/9/23	P 20/9/23	P 25/9/23	P 26/9/23	P 27/9/23				12	10	Chayan Pandhi	
October	P 2/10/23	P 3/10/23	P 4/10/23	P 9/10/23	P 10/10/23	P 11/10/23	P 16/10/23	P 17/10/23	P 18/10/23	P 19/10/23	A 23/10/23	H 24/10/23	P 25/10/23	P 30/10/23	P 31/10/23	14	13	Chayan Pandhi 04/11/23	
January	P																		
February	P 20	P 26	P 27	P 28	P							P 21	P 26	P 27	P 28	04	04	Chayan Pandhi	
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	P 26	P 27					12	11	Chayan Pandhi 23/04/24	
April	P 1	P 2	P 3	P 8	P 10	P 15	P 16	P 22	P 23	P 24	P 25	P 30				14	13	Chayan Pandhi	

P - For day present A - for absent H - for holiday E - for extra

Sept => 1 - Holiday. October => 2 - Holiday.

1 - Absent (18/9/23). 1 - Absent (23/10/2023)

• 2/10/2023 रोजी दोन्ही सेंटर वरती जाऊन field work ची पाहणी केली आणि मार्गदर्शन केले

• 19/10/23 रोजी मार्गदर्शन केले

NAME OF STUDENTS Adesh Sadashiv Sangale

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY Lighthouse community, Kharje.

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Chitralekha Rajuskar

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	P	P	P	P	P				12	12	Lohakare M. 1.11.23	7/11
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P		12	12	Lohakare M. 1.11.23	
January																	24		
February												P	P	P	P	4	4	Lohakare M.	
March				P	P	P	P	P	P	P	P	P	H	A	P	8	10	Lohakare M.	
April	P	P	P	P	P	P	P	P	P	P	P	P	P	P	H	14	14 / 28	Lohakare M.	9/5/24

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF STUDENTS Karan Sawalkar for

NAME OF THE AGENCY Poona School & hostel blind boys

NAME OF FACULTY SUPERVISOR Chitra Rajustar.

Field Work Attendance Card For the year 2023-24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	H	20/P	25/P	26/P	27/P				12	11	[illegible]	[illegible]
October	H	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	H	A	30/P	31/P		10	11	[illegible]	[illegible]
January																			
February												P	P	A	P	4	3	[illegible]	
March	P	P	P	P	P	P	P	P	P	H	P	P				12	11	[illegible]	
April	P	P	P	P	H	P	P	P	H	P	P	P	P	P		14	12	[illegible]	[illegible]

P - For day present A - for absent H - for holiday E - for extra

25/4/2024

9/5/24

P =
H = 3
A = 1

NAME OF STUDENTS Shaikh Ibran Karim

NAME OF THE AGENCY URMEE

NAME OF FACULTY SUPERVISOR Dr. Chitralekha Rajuskar

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4 P	5 P	6 P	11 P	12 A	13 A	18 P	19 H	20 P	25 P	26 P	27 P				11	9	RJ Wes	
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 A	1 E	12	12	RJ Wes	
January																			
February													26 P	27 A	28 P	3	2		
March	4 P	8 P	10 E	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 P		3 E		11	11	BS	2/5/24
April	1 P	2 P	3 P	8 P	9 H	10 P	15 P	16 P	17 P	22 P	23 P	24 P	29 P	30 P		13	13		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Shinde Akshada Chandrakant

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY Jagruti Rehabilitation Center.

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Preety Kamble

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	H	20/P	25/P	26/P	27/P				12	11		
October	H	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	H	25/P	30/P	31/P		14	12		
January																			
February			27/P	26/P	27/P	28/P										04	04		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	H	26/P	27/P				11	11		
April	1/P	2/P	3/P	8/P	H	10/P	15/P	16/P	H	22/P	23/P	24/P	29/P	30/P		12	12		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS SONAWANE JAYESH RAJENDRA

NAME OF THE AGENCY JAGRUTI REHABILITATION CENTER

NAME OF FACULTY SUPERVISOR DR. PREETY MADAM

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

Field Work Attendance Card For the year 2023-24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	H	20/P	25/P	26/A	27/P				12	10		
October	H	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	H	25/P	30/P	31/P		14	12		
January																			
February			21/P	26/P	27/P	28/P										04	04		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/A	19/A	20/A	H	26/P	27/P				11	08		
April	1/P	2/P	3/P	8/P	H	10/P	15/P	16/P	H	22/P	23/P	24/P	29/P	30/P		12	12		

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 2023

NAME OF STUDENTS Shital Sanjay Suevase
NAME OF THE AGENCY Manthan Foundation
NAME OF FACULTY SUPERVISOR De. Chitratekha Rajuskar

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	04 P	05 P	06 P	11 P	12 P	13 P	18 P	19 H	20 P	25 P	26 P	27 P				12	12		24/11
October	02 H	03 P	04 P	09 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P	05/11 E	14	14		
January																			
February												21 P	26 P	27 P	28 P	4	4		
March	04 A	05 P	06 P	11 H	12 P	13 P	18 P	19 A	20 A	25 H	26 P	27 P				12	9		30/3/24
April	1/P	2/P	3/P	8/H	9/H	10/A	15/P	16/P	17/P	22/A	23/P	24/P	19/E	29/P	30/P	14	14		8/5/24

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19/09/23
02/10/23
24/10/23

5 November
E - 19/April/2024

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Field Work Attendance Card For the year 2023

NAME OF STUDENTS SWAMI OMKAR .V

NAME OF THE AGENCY Sneh foundation Kalewadi

NAME OF FACULTY SUPERVISOR Prof. Rajasheee Damle.

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/9 P	5 P	6 P	11 P	12 P	13 P	18 P	19 H	20 P	25 P	26 P	27 P				12	11		
October	02 H	03 P	04 P	09 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		14	12		
January																			
February												21 A	26 P	27 P	28 P	04	03		
March	04 P	05 P	06 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 A	07 E	10 E	22 E	12	12		
April	01 P	02 P	03 P	8 P	9 H	10 P	15 P	16 P	17 P	22 P	23 A	24 A	13 E	18 E	19 E	14			

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Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Talware Puja Annaso
NAME OF THE AGENCY TDH Rehabilitation centre, KEM Hospital
NAME OF FACULTY SUPERVISOR Chetan diwan Sir

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	P	H	P	P	A	P				12	10 (1 Holiday)		
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P	26th Oct P	14	12 (2 Holidays)		
January																			
February												21/P	22/P	23/P	23/P				
March	P	P	P	P	P	P	P	P	P	H	P	P							
April	P	P	P	P	H	P	P	P	L	P	P	P	L	P					

P - For day present A - for absent H - for holiday E - for extra

28/04/24 26th October 2023 - One day extra Work for Awareness Workshop
21/03/2024 → 24/04/24 3 Days Extra For Group Activity —

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Dhanashri Tukaram Thakare
NAME OF THE AGENCY Prism Foundation
NAME OF FACULTY SUPERVISOR Chetan Diwan Sir.

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	P																1 - A		
Sept.	4/P	5/A	6/P	P/11	P/12	P/13	P/18	H/19	P/20	P/25	P/26	P/27				12	10 - P 1 - H		
October	2/H	P/3	P/4	P/9 (10)	P/11	P/16	P/16	P/17	P/18	23/P	H/24	P/25	P/30	P/31		14	12 - P 2 - H		
January																			
February												P/21	P/26	P/27	P/28	4	4 - P		
March	P/4	P/5	P/6	P/11	P/12	P/13	P/18	P/19	P/20	25/H	P/26	P/27				12	11 - P 1 - H		
April	P/1	P/2	P/3	P/8	H/9	P/10	P/15	P/16	L/17	P/22	P/23	P/24	P/29	P/30		14	P - 12 H - 1 A - 1		

P - For day present A - for absent H - for holiday E - for extra

17/4/24
25/3/24
9/4/24

NAME OF STUDENTS Vishal Bandu Thakur

NAME OF THE AGENCY CYDA

NAME OF FACULTY SUPERVISOR Dr Rajashree Damale mam

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	H	P	P	P	P	P				11	11	G. Coloco	7/11/23
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P		12	12	G. Coloco	7/11/23
January																			
February	—	—	—	—	—	—	—	—	—	—	—	—	P	P	P	P	04	04	11.3.24	11/03/2024
March	—	—	—	P	P	P	P	P	P	P	P	P	H	P	P	11	11	8.5.24	chy 8/5/2024
April					H		P	P	P	P	P	P	P	P		12	08	8.5.24	

P - For day present A - for absent H - for holiday E - for extra

Extra - May -	P 2	P 3	P 6	P 7

NAME OF STUDENTS MANSI. J. TIDKE

NAME OF THE AGENCY MANAVYA

NAME OF FACULTY SUPERVISOR RAMTEKE MAM

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 2023 - 2024

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4/9 P	5/9 P	6/9 P	10/9 P	12/9 P	13/9 P	17/9 P	19/9 H	20/9 P	24/9 P	26 P	27 P	-	-	-	12	11		19/10/23
October	1/10 P	3/10 P	4/10 P	8/10 P	10/10 P	11/10 P	15/10 P	17/10 P	18/10 P	22/10 P	24/10 H	25/10 P	29/10 P	31/10 P	-	11	13		21/11/23
January																			
February	21/2 P	26/2 P	27/2 P	28/2 A	-	-	-	-	-	-	-	-	-	-	-	4	3		
March	4/3 P	5/3 P	6/3 P	11/3 P	12/3 P	13/3 P	18 P	19 P	20 P	25 H	26 P	27 P	10 E	-	-	12	12		
April	01 P	02 P	03 P	08 P	09 H	10 P	15 P	16 P	17 A	22 P	23 P	24 P	29 P	30 P	-	14	12		2/5/24

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF STUDENTS Ugale Teupti Laxman

NAME OF THE AGENCY Aayodhya charitable Teust, Kanwadi, Pune

NAME OF FACULTY SUPERVISOR Prof. Dr. Shinde sir

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.																			
October																			
January																			
February													P	P	P	3			
March	P	P	P	P	P	P	P	P	P	H	P	P				11	25		
April	A	A	A	A	H	P	P	P	P	P	P	P	P	P	P	10			

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18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Pranjali Ramesh Wagh.

NAME OF THE AGENCY Centre for Youth Development & activities.

NAME OF FACULTY SUPERVISOR ~~Dr.~~ Rajshree Damale mabm.

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	P	P	P	P	P	P	H	P	P	P	P	P				11	11	G. Colaco	7/11/23
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P		12	12	G. Colaco	7/11/23
January																			
February	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	P	P	P	P	4	4	~~पेशा~~	
March	~~P~~	~~P~~	~~P~~	P	P	P	P	P	P	P	P	P	H	P	P	14	11	~~पेशा~~	
April	A	A	A	P	H	P	P	P	P	P	P	P	P	P	P	12	9	~~पेशा~~	

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS PRATIKSHA WALUNJ.

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY Palakneeti khelghar

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Chitralekha Rajuskar.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.				4 P	5 P	6 Half Day	11 P	12 P	13 P	18 P	19 H	20 P	25 P	26 A	27 P	11	9 1/2		
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		12	12		
January																			
February												21 P	26 P	27 P	28 P	4	4		
March	~~2 A~~	~~3 P~~	~~4 P~~	4 A	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 P	26 P	27 P	12	10		
April	1 P	2 P	3 A	8 P	9 H	10 P	15 P	16 P	17 H	22 P	23 P	24 P	29 P	30 P		12	11		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Sakshi Yadav.

NAME OF THE AGENCY Sneha Foundation.

NAME OF FACULTY SUPERVISOR Rajshri Damle

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August																			
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 HP	20 P	25 P	26 P	27 P				12	11		7/11/2023
October	2 HA	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 A	23 P	24 H	25 P	30 P	31 P		14	12		7/11/2023
January																			
February	21 P	26 P	28 P	4 P	5 P	6 P	11 P	12 P								3	3		
March	4 P	5 P	10 P	11 P	12 P	13 P	18 P	19 P	20 P	25 P	27 P	9 P				12	12		
April	1 P	2 P	3 P	8 P	9 A	10 A	15 P	16 P	17 P	22 P	23 P	29 P	30 P			13	11		

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Cell : 7517564210,

Field Work Attendance Card For the year 20

NAME OF STUDENTS Agawane Rutuja Shivaji

NAME OF THE AGENCY MKSSS, Connecting Trust

NAME OF FACULTY SUPERVISOR Dr. D. shinde sir.

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	21 P	22 P	23 P	28 P	29 P	30 H										6	5		
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 A	19 H	20 A	25 P	26 P	27 P				12	9		
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 A	30 P	31 P		14	11		
January																			
February	21 P	26 A	27 A	28 A												4	1		
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 A	27 P				12	10		
April	1 P	2 P	3 P	8 P	9 H	10 P	15 P	16 P	17 H	22 P	23 P	24 P	29 P	30 P		14	12		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Vishal Badarke

NAME OF THE AGENCY Fiat Automobile PVT. Ltd

NAME OF FACULTY SUPERVISOR Prof. Dr. Mahesh Thakur sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 2023

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										28/P	29/P	30/P				06	03		
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/H	20/P	25/A	26/P	27/P				12	10		
October	2/P	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	24/H	25/P	30/P	31/P		14	13		
January																			
February											27/P	28/P				02			
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	25/H	26/P	27/P				12	11		
April	1/P	2/P	3/P	8/P	9/H	10/P	15/P	16/P	17/P	22/P	23/P	24/P				12	11		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Vaishnavi S. Bansode.

NAME OF THE AGENCY Equal Community Foundation

NAME OF FACULTY SUPERVISOR Dr. Preeti Kamble Mam

KARVE INSTITUTE OF SOCIAL SERVICE

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Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	P	P	P	P	P	P										06	06	S. Aich	
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				12	11	S. Aich	
October	H	P	P	P	P	P	P	P	P	P	P	P	P	P		13	13	S. Aich	
January																			
February												P	P	P	P	04	04		
March				P	P	P	P	P	P	P	P	P	A	P	P	11	11		
April	P	P	P	P	P	P	P	P	P	P	P	P	P	P		14	14		

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SMT. Kaswibai Nawale Hospital, Pune.
Faculty - Prof. Chetan Diwan

60

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Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Bhandare Rushikesh Dilip

NAME OF THE AGENCY NARI-(National aids Research Institute)

NAME OF FACULTY SUPERVISOR Dr. Anuradha Patil mam.

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August		22/8 P	25/8 P	28/8 P	29/8 P	30/8 P										5	5		A. Patil
Sept.	04/09 P	05/09 P	06/09 P	11/09 P	12/9 P	13/9 P	18/9 P	19/9 H	20/9 P	25/9 P	26/9 P	27/9 P				12	11		A. Patil
October	02/10 H	03/10 P	04/10 P	9/10 P	10/10 P	11/10 P	16/10 P	17/10 A	18/10 P	23/10 P	24/10 H	25/10 P	30/10 P	31/10 P		14	11		A. Patil
January																31	27		
February												21/02 P	26/02 P	27/02 P	28/02 P	4	4	Veekay	S/Iyy
March	4/3 P	5/3 P	6/3 A	11/3 A	12/3 P	13/3 A	18/3 P	19/3 P	20/3 P	25/3 H	26/3 P	27/3 P				12	8	Veekay	S/Iyy
April	1/4 P	2/4 P	3/4 P	8/4 P	9/4 H	10/4 P	15/4 P	16/4 P	17/4 H	22/4 P	23/4 P	24/4 P	29/4 P	30/4 P		14	12	Veekay	S/Iyy
																32	27+3		

P - For day present A - for absent P P P H - for holiday E - for extra

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KARVE INSTITUTE OF SOCIAL SERVICE
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Field Work Attendance Card For the year 20

NAME OF STUDENTS Devika. S. chachad

NAME OF THE AGENCY Cummins India Ltd. CTCI Kothrud

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P/21	P/22	P/23	P/28	P/29	H/30	06	05		
Sept.	P/4	P/5	P/6	P/11	P/12	P/13	P/18	P/19	P/20	P/25	P/26	P/27				12	12		
October	P/2	P/3	P/4	E/5	P/9	P/10	P/11	P/16	P/17	P/18	P/23	P/25	P/30	P/31		14.	13		
~~January~~ November	E/7																01		
February												P/21	P/26	P/27	P/28	04	04		
March	P/4	P/5	P/6	P/11	P/12	P/13	P/18	P/19	P/20	P/25	A/26	A/27				12	10		
April	P/1	P/2	P/3	P/8	P/9	P/10	P/15	P/16	P/17	P/22	P/23	P/24	P/29	P/30		14	14		

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May	E/2	E/3		00	02	

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF STUDENTS Shraddha D. Channagire
NAME OF THE AGENCY Yardi CSR Cell.
NAME OF FACULTY SUPERVISOR Prof. Chayan Pardhi Sir

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August 2023										21/8 P	22/8 P	23/8 P	28/8 P	29/8 P	30/8 P	06	06		
Sept. 2023				4/9 P	5/9 P	6/9 P	11/9 P	12/9 P	13/9 P	18/9 P	19/9 H	20/9 P	25/9 P	26/9 P	27/9 P	11	11		
October 2023	2/10 P	3/10 P	4/10 P	9/10 A	10/10 P	11/10 P	16/10 P	17/10 P	18/10 P	23/10 P	24/10 H	25/10 P	30/10 P	31/10 P		12	11		
January																			
February 2024												21/2 P	26/2 P	27/2 P	28/2 P	04	04		
March 2024				4/3 P	5/3 P	6/3 P	11/3 P	12/3 P	13/3 P	18/3 P	19/3 P	20/3 P	25/3 H	26/3 P	27/3 P	11	11+1		
April 2024	1/4 P	2/4 P	3/4 P	8/4 A	9/4 H	10/4 H	15/4 P	16/4 P	17/4 P	22/4 P	23/4 P	24/4 P	29/4 P	30/4 P		12	11+1		

P - For day present A - for absent H - for holiday E - for extra

Halfday - 06/09/2023

8/4/24

① 19/9/23 - गणेश उत्सव
② 24/10/23 - गांधी जयंती
③ 24/10/23 - दसरा

8/3/2024
4/4/2024

(64)

NAME OF STUDENTS Latasha Datta Dalvi

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY konecranes & Demag

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Rajendra Dhande sir.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21/P	22/P	23/P	28/P	29/P	30/P	06	06		
Sept.				4/P	5/P	6/P	11/A	12/A	13/A	18/P	19/H	20/A	25/P	26/P	27/P	12	07		
October	2/P	3/P	4/P	9/P	10/H	11/P	16/P	17/SP	18/P	23/P	24/H	25/P	30/P	31/P	1/P	15	12.5		
January																			
February			21/P	26/P	27/P	28/P										4	4		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	25/P	26/P	27/P				12	12		
April	8/P	9/H	10/P	15/P	16/P	17/P	22/P	23/P	24/P	29/P	30/P	1/P	2/P	3/P		14	13		

April

P - For day present A - for absent H - for holiday E - for extra

P = 25.5
P = 26

A = 5.5

H. 3
H. 1

E - 1.

Name of Student - Latasha Dalvi
Name of the Agency - Godrej interio

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Field Work Attendance Card For the year 20

NAME OF STUDENTS Renuka Mangesh Deshpande
III rd sem
NAME OF THE AGENCY Family Planning Asso. of India
IV th sem D.Y. Patil Hospital Med. college
NAME OF FACULTY SUPERVISOR Patil Ma'am
Dr. Suprakash chaudhary prof. chetan sir
diwan sir

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	P	P														2	2		A. Patil
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				11	12		A. Patil
October	H	P	P	P	P	P	P	P	P	P	P	P	P			12	12		A. Patil
January																			
February	P	P	P	P												4	4		
March	P	P	P	P	P	P	P	P	P	H	P	P				11	11		
April	P	P	P	A	A	A	P	P	P	P	P	P	P			13 (28)	10 (25)		

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Name of student - Dhamale om
Name of Agency - chaitanya Institute for mental health
Name of Faculty supervisor - Anto



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NAME OF STUDENTS ढमाले ओम दत्ता

NAME OF THE AGENCY चैतन्य मानसोपचार प्रशिक्षण संस्था पुणे

NAME OF FACULTY SUPERVISOR प्रो. चेतन दिवाण

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	21	22	23	28	29	30										6			
Sept.	4	5	6	11	12	13	18	19	20	25	26	27				11			
October	E/2	3	4	9	10	11	16	17	18	23	H	25	30	31		13			
January																			
February												P	P	P	P	04	04		
March	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	H 13	H 13		
April	P	P	P	P	H	P	P	H	P	P	P	P	P	A		12 14	13 11		

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NAME OF STUDENTS Dhindale Shital Babu

NAME OF THE AGENCY YARDI

NAME OF FACULTY SUPERVISOR Dr. Shinde Sir

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Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P	P	P	P	P	P	6	6		
Sept.	P	P	P	P	P	P	P	H	P	P	P	A				12	10		
October	H	P	P	P	P	P	P	P	P	P	H	A	P	P	P	15	12		
January																33	28		
February												P	P	P	P	4	4		
March	P	P	P	P	P	A	P	P	P	H	P	P				12	10		
April	P	P	P	P	H	P	P	P	H	P	P	P	P	P		14	12		
																30	26		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Harshad Gabhale

NAME OF THE AGENCY Yardi Softwerre/CSR Cell Karve

NAME OF FACULTY SUPERVISOR Chyan Pardhi sir.

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	P/21	P/22	P/23	P/28	P/29	P/30										Holiday		M.Chalwadi	
Sept.	P/4	P/5	P/6	P/11	P/12	P/13	P/18	P/20	P/25	P/26	P/27					Holiday		M Chalwadi	
October	P/3	P/4	A/9	A/10	A/11	A/16	A/17	A/18	P/23	P/25		P/30	P/31			Holiday		M.Chalwadi	
~~January~~ Nov.	P/1	P/2	P/3													Holiday		M.Chalwadi	
February			A						P/21	A/26	P/27	P/28				04	03		
March	P/4	P/5	P/6	P/11	P/12	P/13	P/18	P/19	P/20	H/25	A/26	P/27				11	10		
April	P/1	P/2	A/3	P/8	H/9	P/10	P/15	P/16	H/17	P/22	P/23	P/24	P/29	P/30		12	11		

P - For day present A - for absent H - for holiday E - for extra

08/11/23

05/02/24

Thane regional Mental Hospital

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Somesh Surendra Gagade.

NAME OF THE AGENCY Sasoon General Hospital.

NAME OF FACULTY SUPERVISOR Pro. Chetan Diwan sir.

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21/P	22/P	23/P	28/P	29/P	30/P	06			
Sept.	5/P	6/P	6/P	11/P	12/P	13/P	18/P	H	20/P	25/P			2/P			10			
October	2/P	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	24/P	25/P	30/P	31/P	1/P	15			
January																			
February												P	P	P	A	03			
March	P	P	P	P	P	P	P	P	P	P	P	P	P	P	A	13			
April	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	15			

P - For day present A - for absent H - for holiday E - for extra

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NAME OF STUDENTS Amar Gaikwad
LUMax Ind. LTD.
NAME OF THE AGENCY ENPRO Industries PVT. LTD.
NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	28 P	29 P	30 P	6	6		
Sept.	2 P	5 P	6 P	11 P	12 P	13 P	18 P	19 H	20 P	25 P	26 P	27 P				12	11		
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 P	25 P	30 P	31 P		14	13		
January																			
February												21 P	26 P	27 P	28 P	04	04		
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 P				12	12		
April	1 P	2 P	3 P	8 P	9 P	10 P	15 P	16 P	17 P	22 P	23 P	24 P	29 P	30 P		14	14		

P - For day present A - for absent H - for holiday E - for extra

£ - 1
8 March.

NAME OF STUDENTS Samskruti Gaikwad

NAME OF THE AGENCY Connecting trust

NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde Sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	28 P	29 P	30 H	6	5		
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 H	20 A	25 P	26 P	27 P				12	10		
October	2 H	3 P	4 A	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		14	11		
January																			
February												P 21	P 26	P 27	P 28	4	4		
March	A 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	H 25	P 26	A 27				12	10		
April	P 1	P 2	P 3	H 8	H 9	P 10	P 15	P 16	P 17	P 22	P 23	P 24	P 29	P 30		14	14		

P - For day present 26 A - for absent 2 H - for holiday 4 E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Gaikwad Vaishnavi Laxman

NAME OF THE AGENCY Hope For the children Found

NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	21/P	22/P	23/P	24/P	25/P	26/H										06	05		
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	18/P	H	20/A	25/P	26/P	27/P				12	10		
Octob	2/P	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	H	25/P	30/P	31/P	2/P	14	14		
January																			
February	21/P	26/A	27/A	28/P												04	02		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	25/P	26/P	27/P				12	12		
April	1/P	2/P	3/P	8/P	8/P	9/P	10/P	15/P	16/P	17/P	22/P	23/P	24/P	29/P	30	15	15		

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Veena Ashok Garud.

NAME OF THE AGENCY Navle Hospital.

NAME OF FACULTY SUPERVISOR Anuradha patil mam / chetan sir

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	P/21	P/22	P/23	P/28	A/29	A/30										6	4	Veena	
Sept.	P/4	P/5	P/6	P/11	P/12	P/13	P/18	H/19	A/20	P/25	P/26	P/27				12	10	Veena	
October	H/2	P/3	P/4	P/9	P/10	A/11	P/16	P/17	P/18	P/23	H/24	P/25	P/30	P/31		14	11	Veena	
January																			
February	P/21	P/26	P/27	P/28												4	4		
March	P/4	P/5	P/6	A/11	P/12	P/13	P/18	P/19	P/20	H/25	P/26	P/27				12	10		
April	P/1	P/2	P/3	P/8	H/9	P/10	P/15	P/16	E/17	A/22	P/23	A/24	E/28	P/29	P/30	14	12		

P - For day present A - for absent H - for holiday E - for extra

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Field Work Attendance Card For the year 20

NAME OF STUDENTS Suraj Ashok Gawade.
NAME OF THE AGENCY Cummins phaltan Clean Science and Technology Limited.
NAME OF FACULTY SUPERVISOR Dr. Thakur Sir.

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August											lab P	lab P.	lab P.	29 P	30 P	6	5		
Sept.				4 P	5 P	6 P	11 P	12 H	13 P	18 P	19 P	20 P	25 P	26 P	27 P	12	11		
October	2 H	3 P	4 P.	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		14	12		
January																			
February												L P	L P	L P	L P	4	4.		
March				4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 P	26 P	27 P	12	12		
April	1 P	2 P.	3 P.	8 P.	9 P	10 P.	15 P	16 P	17 P	18 P	23 P	24 P	29 P.	30 P		14	14		

P - For day present A - for absent H - for holiday E - for extra

A - 1 H - 2 E - 3.

May - 2024 E E E 1 2 3 P P P Satm.

Agency :- Ruby Hall clinic, Sassoon Road, Pune.
supervisor:- Mrunal Ujagare

75

NAME OF STUDENTS JADHAV POOJA TIMMA

NAME OF THE AGENCY KONECRANES & DEMAG.

NAME OF FACULTY SUPERVISOR RAJENDRA DHANDE.Sir.

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21/P	22/P	23/P	28/P	29/A	30/A	06	04		
Sept.				4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/H	20/P	25/P	26/P	27/P	12	11		
October	2/P	3/P	4/P	9/P	10/H	11/P	16/P	17/P	18/P	23/P	24/H	25/P	30/P	31/P	1/P	15	13		
January																			
February												21/P	26/P	27/P	28/P	04	04		
March				4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	25/H	26/P	27/P	12	11		
April	1/P	2/P	3/P	8/P	9/P	10/P	15/P	16/P	17/P	22/P	23/P	24/P	29/P	30/P		14	14		8/5/24

P - For day present A - for absent H - for holiday E - for extra

P- 28 A- 2 H- 3 E- 2

P- 29 H- 1

NAME OF STUDENTS Abhishek Jagtap

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF THE AGENCY Vishay components India PVT. LTD.

NAME OF FACULTY SUPERVISOR Dr. mahesh thakur.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P 21	P 22	P 23	P 28	P 29	P 30	6	5		
Sept.	P 4	P 5	P 6	P 11	P 12	P 13	H 18	H 19	P 20	P 25	P 26	P 27	E 29			11 (Extra)	10		
October	P 2	P 3	P 4	P 9	P 10	P 11	P 16	P 17	A 18	P 23	H 24	P 25	P 30	P 31	P 1	15	13		
January															P 28				
February															P 28	1	1		
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	A 25	P 26	P 27				12	11		
April	P 1	P 2	P 3	P 8	H 9	P 10	P 15	P 16	P 17	P 22	P 23	P 24	P 29	P 30		14	14		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Arundhati Joshi

NAME OF THE AGENCY NIRMAN

NAME OF FACULTY SUPERVISOR Dr. Preety Kamble

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	29 P	29 P	30 P	6	6		
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	15 E			18 P	19 P	20 P	25 P	26 A	27 A	12	11		
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 P	25 P	30 P	31 P		14	13		
January																			
February												21 P	26 P	27 P	28 P	4	4		
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 P				11	11		
April	1 P	2 P	3 P	8 P	9 H	10 H	15 P	16 P	17 H	22 P	23 P	24 P	29 P	30 P		11	11		

P - For day present A - for absent H - for holiday E - for extra

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Cell : 7517564210,

NAME OF STUDENTS Sachin k. Kachhava

NAME OF THE AGENCY Equal Community Foundation

NAME OF FACULTY SUPERVISOR Dr. Preeti kamble

Field Work Attendance Card For the year 2023

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P 21	P 22	P 23	P 28	P 29	P 30	6	6	S.Aich	
Sept.	P 4	P 5	P 6	P 11	P 12	P 13	P 18	H 19	P 20	P 25	P 26	P 27				11	10	S.Aich	
October	H 2	P 3	P 4	P 9	P 10	P 11	P 16	P 17	P 18	P 23	P 24	P 25	P 30	P 31		12	12	S.Aich	
January																			
February									P 21	P 26	P 27	P 28				4	4		
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	P 25	P 26	P 27				11	11		
April	P 1	P 2	P 3	P 8	P 9	P 10	P 15	P 16	P 17	P 22	P 23	P 24	P 29	P 30		14	14		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Aputva Pravin Kadam.

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF THE AGENCY Sphecule Foundation Pune.

4th Sem- Ruby Hall clinic, Pune

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur sir.
Dr. Shubhangi Ramteke ma'am

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	28 P	29 P	30 H	05	06	S.R.M.	
Sept.	4 A	5 P	6 P	11 P	12 P	13 P	18 P	19 H	20 P	25 P	26 P	27 P				12	10	S.R.M.	
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		14	12	S.R.M.	
January																			
February												21 P	26 P	27 P	28 P	04	04	A	
March				4 P	5 P	6 A	11 P	12 P	13 P.	18 P	19 P	20 P	25 H	26 P	27 P	12	10	A	
April	1 P	2 P	3 P	8 P	9 P	10 P	15 P	16 P	17 P	22 P	23 P	24 P	29 P	30 P		14	14	A	24.

P - For day present A - for absent H - for holiday E - for extra

P- 28 day's A- 01 H- 04 E-02

P- 28 day's A - 01 H-01

Deenanath Mangeshkar Hospital, Pune

(80)

NAME OF STUDENTS Kale Amarnath Jeeram

NAME OF THE AGENCY Manovardhan Rehabjlita.

NAME OF FACULTY SUPERVISOR Prof. Chetan Diwan Sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P	P	P	P	P	P	06	06		
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				11	11		
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P		12	12		
January																			
February												P	P	P	P	04	04	Sweaker	A. Patil
March				P	P	P	P	P	P	P	P	P	P	P	P	12	12	Sweaker	A. Patil
April	P	P	P	P	H	P	P	P	P	P	P	P	P	P		13	13	Sweaker	A. Patil

P - For day present A - for absent H - for holiday E - for extra

Lokmanya Hospital, S.B. Road pune.

(81)

NAME OF STUDENTS Kamble Aditya Balaji

NAME OF THE AGENCY Schizophrenia Awareness Association

NAME OF FACULTY SUPERVISOR Anuradha patil mam

KARVE INSTITUTE OF SOCIAL SERVICE

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Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21/P	22/P	23/P	28/P	29/P	30/P	06	06		A. Patil
Sept.				4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/H	20/P	25/P	26/P	27/P	12	12		A. Patil
October	02/H	03/P	04/P	09/P	10/P	11/P	16/P	17/P	18/P	23/P	24/H	25/P	30/P	31/P		13	13		A. Patil
January																			
February											01/P	02/P	06/P	07/P	08/P	08			
March	04/P	05/P	06/P	11/P	12/P	13/P	18/P	19/P	20/P	24/H	25/H	26/P	1/P	2/P	3/P	13		30/04/24	
April	08/P	09/H	10/P	15/P	16/P	17/P	22/P	23/P	24/P		29/P	30/P				P 09	21		

P - For day present A - for absent H - for holiday E - for extra

P 27

(82)

NAME OF STUDENTS kamble payal Madhukar.

NAME OF THE AGENCY deepak foundation.

NAME OF FACULTY SUPERVISOR chayan sir.

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	28 P	29 P	H	6	5		
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 P	H	20 P	25 P	26 P	27 P	21 E			12	12		
October	H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	A B	24 H	25 P	30 P	31 P		14	11		
January																			
February				A B								21 P	26 P	27 P	28 P	4	4		
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	29 P		29 E	30 E	12	11		
April	1 P	2 P	3 P	8 P	9 P	10 P	15 A	16 P	17 P	22 P	23 P	24 P	29	30		14	13		

P - For day present A - for absent H - for holiday E - for extra

E-2

NAME OF STUDENTS Bhagyashree A. Karankar

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY Chaitanya Institute for Mental health.

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Professor. Diwan Sir. patil mam.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	28 P	29 P	H	06	5		
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 P	H	20 P	A	26 P	27 P				12	10		
October	2 P	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	H	25 P	30 P	31 P		14	13		
January																			
February												21	26	27	28	04	4		
March			3	4	5	A	11	12	13	18	19	20	H	26	27	13	11		
April	1	2	3	8	H	10	15	16	17	22	23	24	29	30		14	13		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Saloni S. Kharat

NAME OF THE AGENCY YARDI

NAME OF FACULTY SUPERVISOR Chavan Sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	P 21	P 22	P 23	P 28	P 29	P 30										06	06		
Sept.	P 4	P 5	P 6	P 11	P 12	P 13	P 18	H 19	P 20	P 25	P 26	P 27				12	11		
October	H	P 3	P 4	P 9	P 10	P 11	P 16	P 17	P 18	P 23	P 25	P 30	P 31	H 24		13	12		08/11/23
January																			
February	P 26	P 27	P 28													03	03		
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	P 21	P 25	P 27				11	11		
April	P 1	P 2	P 3	P 8	P 10	P 15	P 16	P 22	P 23	P 24	P 29	P 30	H 9	H 17		12	12		

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF STUDENTS kote sejal shyamsundar

NAME OF THE AGENCY kamayani school for mentally handicapped

NAME OF FACULTY SUPERVISOR Dr. Devanand shinde

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	P	P	P	P	P	H										6	5		
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				12	11		
October	H	P	P	P	P	P	P	P	P	A	H	P	P	P		14	11		
January																			
February	21/2 P	26/2 P	27/2 A	28/2 P												4	3		
March	3/3 E	4/3 P	5/3 P	6/3 P	11/3 P	12/3 P	13/3 H	17/3 P	18/3 P	19/3 P	25/3 H	26/3 P	27/3 P			12	10		
April	1/4 P	2/4 P	3/4 P	8/4 A	9/4 H	10/4 P	15/4 P	16/4 P	17/4 P	22/4 P	23/4 P	24/4 P	29/4 P	30/4 P		14	12		

P - For day present A - for absent H - for holiday E - for extra

Total present day - 25 + 1E = 26

NAME OF STUDENTS Smaran Kulkarni.

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY Fiat India Automotive Pvt. Ltd. & CDAC

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr Mahesh Thakur.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										28 P	29 P	30 P				06	3	Patil	
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 P	26 A	27 P				12	10	Patil	
October	2 P	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		14	13	Patil	
January November	1 P																		
February												21 P	26 P	27 P	28 P	04	04	Mahesh	
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 P	01 P	02 A	03 P	11	11	Mahesh	
April	01 P	02 P	03 P	08 P	09 P	10 P	15 P	16 P	17 A	22 P	23 P	24 P	29 P	30 P		14	13	Mahesh	

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Ajay Devram Kurhade

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY NIRMAN pune.

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Preety Kamble.

Field Work Attendance Card For the year 2023 to 24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	28 P	29 P	30 P	06	6	Patil	
Sept.	1 P	5 P	6 P	11 P	12 P	13 P	15 E			19 P	19 P	20 P	25 P	26 P	27 P	13	13	Patil	
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		12	12	Patil	
January																			
February												21 P	26 P	27 P	28 P	04	04		
March	4 P	5 P	6 P	11 P	12 A	13 13	18 P	19 P	20 P	25 H	26 P	27 P				10	10		
April	1 P	2 P	3 P	8 P	9 H	10 H	15 P	16 P	17 H	22 P	23 P	24 P	29 P	30 P		11	11		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Anusaya Lamb

NAME OF THE AGENCY Cummins India Limited

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 L	22 L	23 L	28	29 P	30 P	6	2		
Sept.		1		P 5	P 6	P 6	P 11	P 12	P 13	P 18	H	P 20	P 25	P 26	P 27	12	11		
October	P 2	P 3	P 4	P 9	P 10	P 11	P 16	P 17	P 18	P 23	P	P 25	P 30	P 31	P 1	14	14		
January													P 2						
February													P 26	P 27	P 28	04	03		
March			P 2	P 04	P 05	P 06	P 11	P 12	P 13	P 18	P 19	P 20	P 25	P 26	P 27	12	15		
April	P 01	P 02	P 03	H 08	H 09	H 10	P 15	L 16	L 17	P 22	P 23	P 24	P 29	P 30		14	10		

P - For day present A - for absent H - for holiday E - for extra

02/03/24 - saturday

07/03/24 - Thursday

29/03/24 Friday

NAME OF STUDENTS Mahale Kamlesh Rajendra

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY Huf India Pvt. Ltd / CITU

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur

Field Work Attendance Card For the year 2023 - 24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P/21	A/22	A/23	P/28	P/29	P/30	06	04		
Sept.	P/4	P/5	P/6	P/11	P/12	P/13	P/18	H/19	P/20	P/25	P/26	P/27				12	11		
October	P/3	P/3	P/6	P/9	P/10	P/11	P/16	P/17	P/18	A/23	H/26	A/25	P/30	P/31		14	11		
January																			
February												P/21	P/26	P/27	P/28	04	04		
March	P/4	P/5	P/6	P/11	P/12	A/13	P/18	P/19	P/20	P/25	P/26	P/27				12	11		
April	P/1	P/2	A/3	P/8	P/9	P/10	P/15	P/16	P/17	P/22	A/23	A/24	P/29	P/30		14	11		

Huf

CITU

Huf – P - For day present 26 A - for absent 4 H - for holiday 2 E - for extra 0

CITU – P - 26 A - 4 H - 0 E - 0

over 50 years of Excellence
KARVE INSTITUTE OF SOCIAL SERVICE
ESTD SINCE 1963

NAME OF STUDENTS Sayali V. Mane.

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY Deepgeih Society

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde

Field Work Attendance Card For the year 20-23-24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P 21	P 22	P 23	P 28	P 29	H 30	6	5		
Sept.	P 6	P 5	P 6	P 11	P 12	P 13	P 18	H 19	P 20	P 25	P 26	P 27				12	11		
October	H 2	P 3	P 4	P 9	P 10	P 11	P 16	P 17	P 18	P 23	H 24	P 25	P 30	P 31		14	12		
January																			
February									P 21	P 25	P 26	P 27				4	4		
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	H 26	P 26	P 27		E 21		12	12		
April	P 1	P 2	P 3	P 8	H 9	P 10	P 15	P 16	P 17	P 22	P 23	P 24	P 29	P 30		13	13		

P - For day present - 28 A - for absent - 0 H - for holiday - 4 E - for extra - 0

Total field-work day's - 28

Total field-work days - 29

NAME OF STUDENTS SATISH MASKE

NAME OF THE AGENCY (1) GTT FOUNDTION (2)

NAME OF FACULTY SUPERVISOR Dr Shinde sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July										21	22	23	28	29	30				
August										P	P	P	P	P	H	06	5		
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				12	11		
October	P	P	P	P	P	A	P	P	H	P	P	P	P	P		14	12		
January																			
February												21 P	26 P	P	P	4	4		
March	4th P	P	P	P	P	P	P	P	P	H	P	P				12	11		
April	P	P	P	P	H	P	P	P	P	P	P	P	P	P		14	13		

P - For day present A - for absent H - for holiday E - for extra

total - 28 -

MANOVARDHAN Rehabilitation centre, Pune

(92)

faculty - Prof. chetan Diwan

NAME OF STUDENTS Mitkar Shaikh

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY KEM Hospital, Pune

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Anuradha Patil

Field Work Attendance Card For the year 2023-24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 Mon	22 Tue	23 Wed	28 Mon	29 Tue	30 Wed	06	06		A. Patil
Sept.	.	.	.	04 Mon	05 Tue	06 Wed	11 Mon	12 Tue	13 Wed	18 Mon	H	20 Wed	25 Mon	26 Tue	27 Wed	11	11		A. Patil
October	H	03 Tue	04 Wed	09 Mon	10 Tue	11 Wed	16 M	17 T	18 W	23 Mon	H	25 Wed	30 Mon	31 Tue		12	12		A. Patil
January																P	29		
February	~~21 Wed~~	~~22 Thu~~								~~21 Wed~~		21 Wed	26 Mon	27 Tue	28 Wed	04	04	-	
March				04 Mon	05 Tue	06 Wed	11 Mon	12 Tue	13 Wed	18 Mon	19 Tue	20 Wed	H	26 Tue	27 Wed	11	11	-	
April	01 Mon	02 Tue	03 Wed	8 Mon	H	10 Wed	15 Mon	16 Tue	H	22 Mon	23 Tue	24 Wed	29 Mon	30 Tue		~~12~~	12	-	

P - For day present A - for absent H - for holiday E - for extra

P - 27

NAME OF STUDENTS MADHAV RAJENDRA MORE

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY TATA STRIVE CENTER.

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P	P	P	P	P	H	5		Dispute	
Sept.	P	P	P	P	H	H	P	H	P	P	P	P				9	26	Dispute	
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P	H	12.		Dispute	
January																			
February												P	P	P	P	4			
March	P	P	P	P	A	A	P	A	P	H	P	P				8	25		
April	P	P	P	P	H	P	P	P	P	P	P	P	P	P		13			

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Ganesh Uttamrao Mundkar

NAME OF THE AGENCY Brintons Carpets Asia private Ltd. Lynax Industries Ltd. Chakan

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur Dr. Chandrashekha Rajuskar

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P 21	P 22	P 23	P 28	P 29	P 30	6	6		
Sept.	P 4	A 5	A 6	P 11	P 12	P 13	P 18	H 19	P 20	P 25	P 26	P 27				12	9		
October	H 2	P 3	P 4	P 9	P 10	P 11	P 16	A 17	P 18	P 23	H 24	P 25	P 30	P 31		14	12		
January																			
February																			
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	H 25	P 26	P 27	P 28	P 29		13	13		
April	P 1	P 2	P 3	P 8	H 9	P 10	P 15	P 16	P 17	P 22	P 23	P 24	P 29	P 30		13	13		

P - For day present A - for absent H - for holiday E - for extra

P - 27
P - 26

2 day

H - 2

8/5/24

IV Semester

Agency Name – Schizophrenia Awareness Association (SAA)

NAME OF STUDENTS Vaishnavi Mutha

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF THE AGENCY D.Y. Patil Medical College, Hospital and Research centre

NAME OF FACULTY SUPERVISOR Chetan Diwan Sir, Anuradha Patil Ma'am

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P	P	P	P	A	P	6	5		
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				11	11		
October	H	P	P	P	P	P	P	P	P	A	P	P	P	P	P	14	13		
January																			A. Patil
February									P	P	P	P				04	04		A. Patil
March	P	P	P	P	A	P	P	P	P	H	A	A				11	08		A. Patil
April	P	P	P	P	H	P	P	P	P	P	P	P	P	P		13	13		A. Patil

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Pranay Rajendra Nawale
NAME OF THE AGENCY William . P.V.T. LTD / Sayas cooperative.
NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	27 P	28 P	29 P	6	6		
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 H	20 P	25 P	26 A	27 P				12	10		
October	2 P	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 A	24 H	25 P	30 P	31 P		12	12		
January																			
February												21 P	26 P	27 P	28 P	4	4		
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 P	26 P	27 P				12	11		
April	1 P	2 P	3 P	8 P	9 H	10 P	15 P	16 P	17 P	22 P	23 P	24 A	29 P	29 P		12	12		

P - For day present A - for absent H - for holiday E - for extra

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ESTD SINCE 1963

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS AISHWARYA A. PAWAR

NAME OF THE AGENCY V.R. Ruia Mook Badhir Vidyalay "Mahiloshram Vashigruh"

NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P21	P22	P23	P24	A	H	6	5		
Sept.	P4	P5	P6	P11	P12	H	A	H	A	P25	P26	P27				10	8		
October	H	P3	P4	P9	P10	P11	P16	P17	P18	P23	H	P25	P30	P31		12	12		9/11/23
January																	25		
February												P21	P27	P28	P29	04	04		
March	P4	P5	P6	P11	P12	A13	A	P19	P20	H	P	P				12	9		
April	P1	P2	P3	P8	H9	P10	P15	P16	P17	P22	P23	P24	P29	P30		14	12		

P - For day present A - for absent H - for holiday 25 E - for extra

4th sem - Sassoon General Hospital

98

NAME OF STUDENTS Pawar Ketaki Sudhir

NAME OF THE AGENCY Jagruti Rehabilitation

NAME OF FACULTY SUPERVISOR Prof. Chetan Diwan Sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P 21/8	P 22/8	P 23/8	P 28/8	P 29/8	H 30/8	5+1(H) 6	5+1(H)		
Sept.	P 4/9	P 5/9	P 6/9	P 11/9	P 12/9	P 13/9	P 18/9	H 19/9	P 20/9	P 25/9	A 26/9	P 27/9				12	10+1(H)		
October	P 3/10	P 3/10	P 4/10	P 9/10	P 10/10	P 11/10	P 16/10	P 17/10	P 18/10	P 23/10	H 24/10	P 25/10	P 30/10	P 31/10		14	12		
January																			
February												P 21/2	P 26/2	P 27/2	A 28/2	04	03		
March	A 4/3	A 5/3	A 6/3	P 11/3	P 12/3	P 13/3	P 18/3	P 19/3	P 20/3	H 25/3	P 26/3	P 27/3	E 14/3	E 15/3		11+2	08+2		
April	P 1/4	P 2/4	P 3/4	P 8/4	H 9/4	P 10/4	P 15/4	P 16/4	H 17/4	P 22/4	P 23/4	P 29/4	P 30/4			13	13		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS R. POOJA

NAME OF THE AGENCY Cummins India Ltd. CTC1, Kothrud

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P/21	P/22	P/23	P/28	P/29	H/30	06	05		
Sept.	P/4	P/5	P/6	P/11	P/12	P/13	P/18	A/19	P/20	A/25	P/26	P/27				12	10		
October	H/2	P/3	P/4	P/9	P/10	P/11	P/16	P/17	P/18	P/23	H/24	P/25	P/30	P/31		14	12		
~~January~~ October			E/5														01		
~~February~~ November			E/7														01		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	25/H	26/P	27/P	7/E	29/E		12	13		
April	1/P	2/P	3/P	8/H	9/H	10/P	15/P	16/P	17/P	22/P	23/P	24/P	29/P	30/P	18/E	14	14		

P - For day present A - for absent 5/E H - for holiday E - for extra

February 26/P 27/P 28/P 21/P

4 4

(100)

NAME OF STUDENTS Amol Banawane

NAME OF THE AGENCY Lumax Force Motors

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
~~August~~																			
~~Sept.~~ August										21 P	22 A	23 P	28 P	29 P	30 P	6	5		
~~October~~ Sept.	4 P	5 P	6 P	12 P	13 P	14 P	18 P	19 P	20 P	25 P	26 P	27 P	2 E			13	12		
~~January~~ October	2 P	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		14	13		
February												21 P	26 P	27 P	28 P	04	04		
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 P				12	11		
April	1 P	2 P	3 P	8 P	9 P	10 P	15 P	16 P	17 P	22 P	23 P	24 P	29 P	30 P		14	14		

P - For day present A - for absent H - for holiday E - for extra

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KARVE INSTITUTE OF SOCIAL SERVICE
ESTD SINCE 1963

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS prajakta Appa Raut
NAME OF THE AGENCY Ayodya charitable Trust wanwadi
NAME OF FACULTY SUPERVISOR mr. patil sir

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P 22/8	P 23/8	P 24/8	P 25/8	P 26/8	P 27/8	6	6		
Sept.	P 4/9	P 5/9	P 6/9	P 11/9	P 12/9	P 13/9	P 18/9	H 19/9	P 20/9	P 25/9	P 26/9	P 27/9				13	12		
October	P 2/10	P 3/10	P 4/10	P 9/10	P 10/10	P 11/10	P 16/10	P 17/10	P 18/10	P 23/10	H	P 25/10	A	P 31/10		14	12		
January																	30		
February	P 21/2	P 26/2	P 27-2	P 28-2												4	4		
March	P 5-3	P 5-3	P 6-3	P 11-3	P 12-3	P 13-3	P 18-3	P 19-3	P 20-3	P 25-3	P 26-3	P 27-3	P 27-4			12	12		
April	P 1-4	P 2-4	P 3-4	P 8-4	P 9-4	P 10-4	P 15-4	P 16-4	P 17-4	P 22-4	P 23-4	P 24-4	P 29-4	P 30-4		12	12		

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KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,
Field Work Attendance Card For the year 20

NAME OF STUDENTS Anju Routiya
NAME OF THE AGENCY St. Crispin's Home
NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August	21/P	22/P	23/P	28/P	29/P	30/P										06	06		
Sept.	4/P	5/P	6/P	11/P	12/P	13/P	19/P	25/P	26/P	27/P						12	10		
October	3/P	4/P	9/P	10/P	11/P	16/A	17/P	18/P	23/P	24/H	25/P	30/P	31/P			13	11		
January																	27		
February	26/P	27/P	28/P													03	03		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	H	26/P	27/P				12	11		
April	1/P	A	3/P	8/P	10/P	15/P	16/P	22/P	23/P	24/P	29/P	30/P				12	11		

2023

2024

P - For day present A - for absent H - for holiday E - for extra

25

(103)

NAME OF STUDENTS Mangal Sakpal

NAME OF THE AGENCY Deepak Foundation

NAME OF FACULTY SUPERVISOR Chayan Pardhi sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	28 P	29 P	H	6	5		
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 P	H	20 P	25 P	26 P	27 P	21 E			12	11		
October	2nd H	P/3	P/4	P/9	P/10	P/11	P/16	P/17	P/18	A	H	P/25	P/30	P/31		14	11		
January												P/21	P/26	P/27	P/28				
February												P/21	P/26	P/27	P/28	4	4		
March	P/4	P/5	P/6	P/11	P/12	P/13	P/18	P/19	P/20	25 H	P/26	P/27		E/29	E/30	12	11		
April	P/1	P/2	P/3	P/8	P/9	P/10	A	P/16	P/17	P/22	P/23	P/24	P/29	P/30		14	13		

P - For day present A - for absent H - for holiday E - for extra

E. 2

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KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF STUDENTS Salvi Aishwarya Sanjay.

NAME OF THE AGENCY Sphercle Foundation / Exide Industries

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur Sir / Dr. Chitralekha Rajuskar Maam

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August													28 P	29 P	30 H	2	2	S.R.M.M.Pat	
Sept.	4 P	5 P	6 P	12 P	13 P	14 P	18 A	19 H	20 A	25 P	26 P	27 P	02 H	03 A	04 P	7	10	S.R.M.M	
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	25 P	30 P	31 P			13	12	S.R.M.M	
January																			
February													P 27	P 28	P 29	3	3	Nilay	
March	P 4	P 5	P 6	P 11	P 12	P 13	P 18	P 19	P 20	H 25	P 26	P 27				12	11	Nilay	
April	A 1	P 2	P 3	P 8	H 9	P 10	A 15	P 16	P 17	P 22	P 23	P 24	P 29	P 30		14	11		

P - For day present 24 29

A - for absent 2 2

H - for holiday ~~5~~ 2

E - for extra

NAME OF STUDENTS Sasane shamal Jalindar.

KARVE INSTITUTE OF SOCIAL SERVICE

NAME OF THE AGENCY SOFOSH

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde Sir.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 A	28 P	29 P	30 A	05	05	31/8	
Sept.	P	P	P	11 P	12 P	13 P	18 P	19 P	20 P	25 P	26 P	27 P				12	11	31/10	
October	P	P	P	10 P	11 P	16 P JK	17 P	18 P	23 P	24 P	25 P	30 P	31 P	2nd is H		14	13	31/10	
January																	29		
February 2024												21/2 P	26/2 P	27/2 P	28/2 P	04	04		
March 2024				4/3 P	5/3 P	6/3 P	11/3 A	12/3 A	13/3 P	18/3 P	19/3 P	20/3 P	25/3 H	26/3 P	27/3 P	11	09 +1 Extra		Hiller
April 2024	1/4 P	2/4 P	3/4 P	8/4 A	9/4 H	10/4 H	15/4 P	16/4 P	17/4 P	22/4 P	23/4 P	24/4 P	29/4 P	30/4 P		12	11		

P - For day present

A - for absent
11/3/2024
12/3/2024
8/3/2024

H - for holiday
9/4/2024
10/4/2024

E - for extra
8/3/2024

NAME OF STUDENTS MUKESH SAVKARE

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF THE AGENCY D. M. Hospital - sem - III
Sem IV - Niramay De-A & Rehab centre.

NAME OF FACULTY SUPERVISOR Dr. Anuradha patil.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P 21	P 22	P 23	P 26	P 29	P 30	6	6	Shivaji	A. Patil
Sept.	P 4	P 5	A 6	P 11	P 12	P 13	H 18	A 19	P 20	P 25	P 26	P 27	P	P	P	12	09	Shivaji	A. Patil
October	H 3	A 4	P 9	P 10	P 11	P 16	P 17	P 18	P 23	H 24	P 25	P 30	P 31	P Ex	P Ex + Ex.	15	11	Shivaji	A. Patil
January	—	—	—	—	Sem IV					X		—	—	—	X	—			
February												P 21/2	P 26/2	P 27/2	P 28/2	4	4	M.R. Dhavale	A. Patil
March	P 4/3	P 5/3	A 6/3	P 11/3	P 12/3	P 13/3	P 18/3	P 19	P 20/3	P 25	P 26	P 27/3	P	P	P	12	11	M.R. Dhavale	A Patil
April	P 1/4	P 2/4	P 3/4	P 8/4	P 9/4	P 10/4	A 15/4	P 16/4	P 17/4	P 22/4	P 23/4	P 24/4	P 29/4	P 30/4	P 01/05/2024	15	14.	M.R. Dhavale	A. Patil

P - For day present A - for absent H - for holiday E - for extra

2 3 2/2 2/2

Date 28/4/2024

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NAME OF STUDENTS Sanyogita Shekatkar

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF THE AGENCY (2) Niramay De-addiction centre. ZTCC, Pune

NAME OF FACULTY SUPERVISOR Dr. Anuradha Patil Mr. Arati Gokhale

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	28 P	29 P	30 P	6		M.R. Dhavale	A. Patil
Sept.	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 H	20 P	25 P	26 P	27 P				11		M.R. Dhavale	A. Patil
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 A	14 P	12		M.R. Dhavale	A. Patil
January																			
February												21 P	26 P	27 P	28 P	4		Shanker	SNW
March	4 P	5 P	6 P	10 E	11 P	12 P	13 P	18 P	19 P	20 P	26 P	27 P				12		Shanker	SNW
April	1 P	2 P	3 P	6 E	8 P	9 H	10 P	15 P	16 P	17 P	22 P	23 P	24 P	28 E		13		Shanker	SNW

Total 29

P - For day present ↓ 29

A - for absent ↓ 1

H - for holiday ↓ 3

E - for extra ↓ 1 (14th Oct)

KARVE INSTITUTE OF SOCIAL SERVICE
18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF STUDENTS Akshata Shenoy.
NAME OF THE AGENCY Yardi Softwar India.
NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde.

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21/8 P	22/8 P	23/8 P	29/8 P	29/8 P	30/8 H	6	5.		
Sept.	5 P	5 P	6 P	11 P	12 P	13 P	18 P	19 H	20 A	25 P	26 P	27 P				12	10		
October	2 H	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		14	12		
January																	27		
February												21 P	26 P	27 P	28 P	4	4.		
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	20 P	P	P	H	P	P	15	14		
April	P	P	P	P	H	P	P	P	P	P	P	P	P	P		14	13		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Anuja Nana Suradkar

NAME OF THE AGENCY Haqdarshak / Force Motors.

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur Sir.

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21/P	22/P	23/P	28/P	29/H F	30/P	05	06		
Sept.	4/A	5/A	6/A	11/A	12/A	13/A	18/P	19/H E	20/P	25/P	26/P	27/P	P	P	P	12	06		
October	2/P	3/P	4/P	9/P	10/P	11/P	16/P	17/P	18/P	23/P	24/H	25/P	30/P	31/P		14	13		
January																			
February												21/P	26/P	27/P	28/P	04	04		
March	4/P	5/P	6/P	11/P	12/P	13/P	18/P	19/P	20/P	25/H	26/P	27/P				12	11		
April	1/P	2/P	3/P	8/P	9/P	10/P	15/P	16/P	17/P	22/P	23/P	24/P	29/P	30/P		14	14		

P - For day present A - for absent H - for holiday E - for extra

P days - 23 A days - 6 H days - 3 E days - 2

P days - 29 A days - 0 H days - 1

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Field Work Attendance Card For the year 20

NAME OF STUDENTS Miss. Pragati P. Sutar

NAME OF THE AGENCY Family Court/ Deep Griha Society

NAME OF FACULTY SUPERVISOR Dr. Devanand Shinde sir.

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P	P	P	P	P	P	6	6		
Sept.				P	P	P	P	P	P	P	H	P	P	P	P	11	11		
October	P	P	P	P	P	P	P	P	P	A	H	A	P	P	P	12	12		
January																			
February												P	P	P	P	4	4		
March				P	P	P	P	P	P	A	P	P	P	P	P	12	11		
April	P	P	P	P	H	P	A	P	H	P	P	P	P	P		11	10		

P - For day present A - for absent H - for holiday E - for extra

2

NAME OF STUDENTS – Swami Rohit Rambling

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,
Cell : 7517564210,

NAME OF THE AGENCY Godrej Interio. Mfg. Co. LTD. Emitec Tech. India Pvt. Ltd

NAME OF FACULTY SUPERVISOR Mr. Vaibhav Gondhlekar. Mr. Digambar Hazel

Field Work Attendance Card For the year 2023

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										21 P	22 P	23 P	28 Ex	29 P	30 P	06	06		
Sept.	4 P	5 A	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 P	26 P	27 P	–	–	–	12	11		
October	2 P	3 P	4 P	9 P	10 P	11 P	16 P	17 P	18 P	23 P	24 H	25 P	30 P	31 P		14	13		
January																			
February										•		21 P	26 P	27 P	28 P	04	04	Digambar	
March	4 P	5 P	6 P	11 P	12 P	13 P	18 P	19 P	20 P	25 H	26 P	27 P				12	12	Digambar	
April	1 P	2 P	3 P	8 P	9 H	10 P	15 P	16 P	17 P	22 P	23 P	24 A	29 P	30 P		14	13	Digambar	

P - For day present A - for absent H - for holiday E - for extra

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

NAME OF STUDENTS Tajane Tejashri

4th sem - Britannia Industries Limited, Pune

NAME OF THE AGENCY Technofour Electronics Pvt. Ltd, Pune.

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur

4th sem - Dr. Sharmila Ramteke

Field Work Attendance Card For the year 2023-24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P 21/8	P 22/8	P 23/8	P 28/8	P 29/8	P 30/8	06	06	Satile	
Sept.	P 4/9	P 5/9	P 6/9	P 11/9	P 12/9	P 13/9	P 18/9	H	P 20/9	P 25/9	P 26/9	P 27/9	-	-	-	11	12	Satile	
October	P 2/10	P 3/10	P 4/10	P 9/10	P 10/10	P 11/10	P 16/10	P 17/10	P 18/10	P 23/10	H	P 25/10	P 30/10	P 31/10	-	13	14	Satile	
January																			
February																			
March	P 4/3	P 5/3	P 6/3	P 11/3	P 12/3	P 13/3	P 18/3	P 19/3	P 20/3	P 25/3	P 26/3	P 27/3				12	12		
April	P 1/4	P 2/4	P 3/4	P 8/4	P 9/4	P 10/4	P 15/4	P 16/4	P 17/4	P 22/4	P 23/4	P 24/4	P 29/4	P 30/4		14	14		

P - For day present A - for absent H - for holiday E - for extra

NAME OF STUDENTS Mukta Sakharam Ugale

NAME OF THE AGENCY equal community foundation

NAME OF FACULTY SUPERVISOR ~~pravin~~ Man

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P	P	P	P	P	P	06	06	Pcake	
Sept.	P	P	A	P	P	P	A	H	A	P	P	P				~~08~~ 12	09	Pcake	
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P		~~12~~ 13	12	Pcake	
January																			
February												P	P	P	P	04	4	Pcake	
March	P	P	P	P	P	P	P	P	P	A	P	P				12	11	Pcake	
April	A	P	P	P	P	P	P	P	P	P	P	P	P	P		14	13	Pcake	

P - For day present A - for absent H - for holiday 28 E - for extra

Name !- Namdev Angat Harvantkar.

Name of the Agency !- Chaitanya Institute for mental Health

Name of Supervisor Faculty !- Anto

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KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 20

NAME OF STUDENTS Namdev Angat Harvantkar.

NAME OF THE AGENCY Aundh General Hospital Pune

NAME OF FACULTY SUPERVISOR Mr. Tatachand kachare

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P	P	P	P	P	P	06	06		
Sept.	P	P	P	P	P	P	P	H	P	P	P	P				12	11		
October	H	P	P	P	P	P	P	P	P	P	H	P	P	P	P	15	13		
January																			
February												P	P	P	P	04	04		
March	P	P	P	P	P	P	P	P	P	P	P	P	P	P/E		13	13		
April	P	P	P	P	H	P	P	H	P	P	P	P	P			14	12		

P - For day present A - for absent H - for holiday E - for extra

2 Holiday

NAME OF STUDENTS Nutan Valmik Yadav

NAME OF THE AGENCY Minda Corporation LTD.

NAME OF FACULTY SUPERVISOR Dr. Mahesh Thakur sir

KARVE INSTITUTE OF SOCIAL SERVICE

18, Hill Side, Karvenagar, Pune - 411052,

Cell : 7517564210,

Field Work Attendance Card For the year 2023-24

Week	I			II			III			IV			V			Total Field work days in a month	Attended field work days	Signature of the agency Supervisor	Signature of the Faculty Supervisor
Month																			
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3				
July																			
August										P 21/8	P 22/8	P 23/8	P 28/8	P 29/8	P 30/8	6 days	6 days		
Sept.	P 4/9	P 5/9	P 6/9	P 11/9	P 12/9	P 18/9	P 19/9	P 19/9	P 20/9	P 25	P 26/9	P 27/9	P	H	A	12 days	10 days		
October	H 02/10	P 3/10	A 04/10	P 9/10	P 10/10	P 11/10	P 16/10	P 17/10	P 18/10	P 23/10	H 24/10	P 25/10	P 30/10	P 31/10		12 days	11 days		
January																			
February												P 21/02	P 26/2	P 27/2	P 28/2	4 days	4 days		
March	P 4/3	A	P 6/3	P 11/3	P 12/3	P 13/3	P 18/3	P 19/3	P 20/3	P 25/3	A	27 P				12 days	10 days		
April	P 01/3	P 2/3	P 3/3	P 8/3	P 9/4	P 10/4	P 15/4	P 16/4	P 17/4	P 22/	P 23/4	P 24/4	P 29/4	P 30/4		14 days	13 days		

P - For day present A - for absent H - for holiday E - for extra

P – 27 days A – 02 H – 03

P – 27 days A – 02 H – 01 E – 01