

1/26
GENERAL ADMINISTRATION & CONTROL DEPARTMENT
CHAKMA AUTONOMOUS DISTRICT COUNCIL
KAMALANAGAR.

D/A
No.F.23016/14/2025/CADC(G)/ 106

Dated Kamalanagar,
the 20th January, 2026.

NOTIFICATION

In pursuance of this Office Memorandum No. C.31011/1/2021-2022/CADC(G)/550, Dt. 11/07/2025 and as per the decision taken in the Heads of Departments Meeting held on 16/01/2026, the following instructions are hereby reiterated for strict compliance by all officers and staff.

- 1. Regular Attendance of officers and staff:** All officers and staff are expected to attend their respective office regularly and in accordance with the prescribed working hours, notified vide No.C.31011/1/2022-2023/CADC(G)/874, Dt. 04/11/2025. All Heads of department are informed to ensure regular attendance of all officers and staff. Unauthorized absence or irregular attendance will be viewed seriously and may attract disciplinary action.
- 2. Punctuality:** All concerned are expected to be punctual and report to duty on time. Late arrival or early leaving without prior approval will be recorded and accordingly reflected in the monthly attendance report for necessary action.

- 3. Monthly Attendance Report:** The consolidated monthly attendance report must be submitted to the undersigned as per proforma appended herewith by first week of the following month without fail. Delay in submission will be considered a lapse in duty.

All officers and staff are, therefore, directed to comply with the above instructions in letter and spirit.

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(PRONIT BIKASH CHAKMA)
Executive Secretary
Chakma Autonomous District Council
Kamalanagar

Memo No.F.23016/14/2025/CADC(G)/ 106

Dated Kamalanagar,
the 20th January, 2026.

Copy to:

1. The P.A. to Dy. Chairman/Planning Vice- Chairman/President, DSEB for information.
2. The P.A. to Deputy Commissioner, Lawngtlai for information.
3. All Heads of Departments for information and necessary action.
4. Guard File.

Sheloo
(PRONIT BIKASH CHAKMA)
Executive Secretary
Chakma Autonomous District Council
Kamalanagar

PROFORMA OF MONTHLY ATTENDANCE REPORT

1. Name of the Department: _____

2. Reporting Month: _____

Sl.No	Name of Officers/Staff	Designation	No. of Working Days	No. of Days Present	No. of Days Absent	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Certified that the above report has been checked by me and found correct.

Signature : _____
 Name : _____
 Designation of the HoD : _____
 With Seal