(can be downloaded from the university website)

Semester : Aug–Nov 20...../Jan-Apr 20.....)

School of.....

Department of.....

Course No..... .....Credits.....

Course Name .....

Date of Exam .....(Time .....)Mode of Exam .....

Exam held in Room No. .....

Name of the Teacher.....Mobile No.....

Student Attendance from (Aug to Nov 20.....) / (Jan to Apr 20.....)

Sl. No.	Roll No. (in full)	Name of the Student	Total Classes	No. of classes attended	Percen-tage	Internal Grade	Eligible/ Not Eligible

Certified that the above attendance is as per the records available in the Office.

Signature of the Coordinator Course Instructor

Signature of the Dean /Head/Programme

Note: This document duly signed by the all concerned should be handed in to **the CoE's Office** by afternoon of 17th April, 2017 by 5.00 pm.