

APPLICATION FOR CONDONATION OF ATTENDANCE

(with effect from 2024 Admissions)

1	Name and Address of the Applicant with Contact Number (as per College Records)			
2	Name of the Department	CGE OF ENG		
3	Name of the Programme with year of Admission	6 PART		
4	Details of the Semester/Year in which Condonation of Attendance is requested	Semester/Year	Roll Number	Register Number
5	Specify the Reason for Absence	CONOMOR	4	
6	Whether the Condonation of Attendance was already availed during the course of study, If 'yes' specify the details.	Semester/Year	Percenta	ge/days of shortage condoned
7	Particulars of Attachments (Original Copies of Medical Certificates to be attached along with the Application form)			
8	Signature of the Applicant with Date	_		_

9. De	etails of wor	king hours/days in th	ne semester/years	s for which co	ondonation is	applied for	
Sl No.	Course Code	Course Name	Name of the Faculty	Total No. of Woking hours	No. of hours attended by the candidate	Shortage of attendance in hours	Signature of the Faculty
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viii		3	BUDD	No, FA	מת חז		
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is reco	ommended. nmendation	details furnished about the from Staff Advisor e and Name)	Established	rified and for	and to be ger	nuine. Hence th	ne application
		n from HoD e and Name)					
Appro	oved by the	Principal					
Office	C1						