KURIAKOSE GREGORIOS COLLEGE, PAMPADY

Semester UG	/ PG Examination	Oct /March	
	r u Laminiation	Oct./ Ivial cil .	

Statement of Absence

Name :	Pog:		Class
Name:	Keg:	• • • • • • • • • • • • • • • • • • • •	Class:

Year	Month	Date	Cause

Total No. of Working Days :	 Total No. days Attended:
Attendance Percentage :	

Name & Signature of Class Teacher

Name & Signature of Head of the Dept. Name & Signature of Principal

^{*} Medical certificates if absence on account of ill health exceeds five working days at a time