**Exam Absence Report For Faculty Members**

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| **TO** | : | JIC Deputy, Education & Training Affairs |
| **SESSION** | : |  | **DAY/DATE** | : |   |
| **TIME** | : |  | **SEMESTER** | : |  |

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| Sr. No | Staff Name | ID. No | Exam Position | Session | Day | Date | Deficiency |
| Absent | Late(reporting Time) |
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| **Test Supervisor** | **:** |  |  |  |  |  |   |
| Name | Signature |  | Date |
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