**Exam Absence Report For Faculty Members**

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

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