**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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