



REQUEST FOR REGULARIZATION OF STUDENT ATTENDANCE

The following students have participated in a program under my supervision in connection with

.....

on (date) / / from(time) am/ pm to am/pm.

Kindly grant attendance for the above time period.

| Sl. No | SR No | Roll No. | Name | Semester, Branch & Batch (A/B) | Signature of Student |
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Issuing Faculty Name:

Signature with Date:

..... **For Office Use Only**

Approved by Principal (Approved / Not Approved)

Signature with Date