SREENIVASA INSTITUTE OF TECHNOLOGY AND MANAGEMENT STUDIES

(AUTONOMOUS)

**Accredited by NBA**

**Dr. D.K. Audikesavulu Marg, Bangalore- Tirupati Bye- Pass Road,**

**Murakambattu Post, CHITTOOR-517127.**

**DATE:** \_\_date

**Student Name :** \_\_name

**Year / Sem :** \_\_year

**Roll No :** \_\_roll

**Department :** \_\_dep

**Semester Starting Date :** 15-02-24

**Last Working Day :** 29-05-24

**Minimum Attendance Required Percentage:** 75%

**Dear Sir,**

**This is to inform that your ward is having \_\_percent % of attendance upto the month of march if he/she gets less than 75% attendance in a Semester, then they are not eligible for the semester examination. Kindly come and meet the undersigned person during the working hours for any clarification.**

**MINIMUM OVERALL ATTENDANCE REQUIRED FOR PROMOTING TO NEXT SEMESTER IS >=75%**

**IF THE ATTENDANCE IS BETWEEN 65-75%: CONDONATION.**

**IF OVER ALL ATTENDANCE <65 OR SUBJECT/LAB WISE ATTENDANCE <40: DETENTION SUBJECT/LAB WISE MINIMUM ATTENDANCE REQUIRED: 40%**

**DETAILS OF THE MENTOR FOR ANY CLARIFICATIONS:**

**NAME OF THE MENTOR:**

**Signature of HOD**

**Contact No:**

**Parent Address:**

\_\_address

**AMOUNTS DUE TOWARDS**

**Tuition Fees :** \_\_tu

**Hostel Fees :** \_\_ho

**Transport Fees:** \_\_tr