Title : Defaulter Student Undertaking FF No : 174

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_ Division: \_\_\_\_\_\_\_

Roll No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G.R. No.: \_\_\_\_\_\_\_\_\_\_

Name of the Class Teacher :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Class Student :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERTAKING**

**I am informed about my status as a defaulter in the following courses by my class teacher. I hereby accept the decision taken by department authorities about granting of term.**

**Course details :-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Course Name** | **Percentage of Attendance** | | | |
|  |  | **Month 1**  **Jan/ Aug** | **Month 2**  **Feb/ Sep** | **Month 3**  **Mar/ Oct** | **Month 4**  **Apr/ Nov** |
| 1) |  |  |  |  |  |
| 2) |  |  |  |  |  |
| 3) |  |  |  |  |  |
| 4) |  |  |  |  |  |
| 5) |  |  |  |  |  |
|  | Signature of the student |  |  |  |  |
|  | Date |  |  |  |  |
|  | Remarks of the Class Teacher |  |  |  |  |
|  | Signature of the Class Teacher |  |  |  |  |
|  | Date |  |  |  |  |