



SAFI INSTITUTE OF ADVANCED STUDY

[Affiliated to University of Calicut, Recognized by UGC 2(f)]

Rasiya Nagar , Post Vazhayur East, Via Ramanattukara

Malappuram District, Kerala – 673 633

Ph. - -91 483 2880000

siasiec@gmail.com

www.sias.edu.in

Application for Leave / appearance for UG Internal Re - Examination

Name of the Student :

Class and Semester :

University Register Number

(If applicable) :

Roll Number :

Mobile Number :

**Name of Parent/Guardian
with Phone No:** :

Details of Exam Unattended :

Serial No	Subject (Write the Full Name of the Subject/Paper)	Date of Examination	Morning/ Afternoon	Day
1				
2				
3				
4				
5				
6				

Reason for Leave :

**Whether Prior Intimation
Produced or not** :

Details of Medical Certificate
Produced :

**(Attach the Copy of the Medical
Certificate/Doctor's Prescription) :**

No: of RESITs appeared
Till date :

**Parent's Name and Signature with
Date** :

Student's Signature
With Date :

Recommended by

Name and Signature of Class Advisor with Date :

Name and Signature of HoD with Date :

For IEC Only

Conveners Remark -

Application Received on - _____ / _____ / _____, _____ Day.

Final status of the Application – Accepted

Rejected

**Pranav K.
Convener
SIAS UG IEC**

Principals Remark:-

**Prof.E.P. Imbichikoya
Chairman**



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INTERNAL EXAMINATION

SIAS/IEC/UG/4722

Attendance Certificate

This is to certify that Mr. /Ms. _____ student of _____, _____ semester, Roll Number _____ has attended _____ / _____ classes. He / She has _____ % of attendance.

Class Advisor

H O D

Name and Signature

Name and Signature

For IEC Use Only

Conveners Remarks -

Application Received on - _____ / _____ / _____, _____ Day

Attendance -

Principals Remarks –

Prof.E.P. Imbichikoya
Chairman