



## 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](mailto:siasiec@gmail.com)

[www.sias.edu.in](http://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**



## 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](mailto:siasiec@gmail.com)

[www.sias.edu.in](http://www.sias.edu.in)

---

### 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