**Submission of Medical Certificates for the Examination**

Name of the student:.................................................................................................

Index No:....................................

Registration No:...............................

Year & Semester:........................................

Subject Name / Subject Code (for which the student was absent):

**Subject Date Subject Code Written/Practical/Viva:**

i)……………………………………. ………….. ……………………. ……………………………

ii)…………………………………… ………….. ……………………. ……………………………

iii)………………………………….. …………… ……………………. …………………………..

iv)………………………………….. …………… ……………………. ……………………………

v)…………………………………… ………….. ……………………. ……………………………

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Signature of the Student Date

Recommended / Not Recommended by the Faculty Board.

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Dean/ Faculty of Geomatics Date