

**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):

<b>Subject</b>	<b>Date</b>	<b>Subject Code</b>	<b>Written/Practical/Viva:</b>
i).....	.....	.....	.....
ii).....	.....	.....	.....
iii).....	.....	.....	.....
iv).....	.....	.....	.....
v).....	.....	.....	.....

.....  
Signature of the Student

.....  
Date

Recommended / Not Recommended by the Faculty Board.

.....  
Dean/ Faculty of Geomatics

.....  
Date