

MAR ATHANASIUS COLLEGE (AUTONOMOUS) KOTHAMANGALAM

(Affiliated to Mahatma Gandhi University)

APPLICATION FOR CONDONATION OF SHORTAGE OF ATTENDANCE

| 1. | Name of the Candidate (in Block Letters) | | | |
|---|--|--|------|--------------------------|
| 2. | Name of the Department | | | |
| 3. | Programme and Year of Admission | | | |
| 4. | Register No. of the candidate | | | |
| 5. | Semester for which condonation is applied | | | |
| 6. | Date of Commencement of Examination | | | |
| 7. | Whether condonation of attendance was already granted during the course of study | Yes/No | | |
| | | Semester | Year | Percentage of Attendance |
| | If Yes, give details | | | |
| 8. | Details of working days in the Semester for which condonation is applied for | i. Total No. of conducted hours ii.No. of hours attended by the candidate iii. Percentage of attendance acquired | | |
| 9. | Reason for absence (Attach details on separate sheet countersigned by Faculty Advisor) | | | |
| 10. | Whether timely application for leave was submitted and granted in time | | | |
| 11. | Documents to be produced along with the application | | | |
| 12 | i. Statement of absence for the current semester countersigned by the Head of the Department ii. Medical certificates | | | |
| 13. | Signature of the candidate with date | | | |
| 14. | Recommendation of the Faculty Advisor with signature | | | |
| CERTIFICATE BY THE HEAD OF THE DEPARTMENT Certified that the details furnished above were verified and found correct. Hence the application is recommended | | | | |
| Date: Signature of the HOD with date | | | | |
| Office Use Only DECISION OF THE PRINCIPAL | | | | |
| Granted Not Granted | | | | |
| Remark: | | | | |