

RECOMMENDATION OF LECTURERS

S No	Subject Code	Subject Name	Medium	Percentage of Attendance	Recommendation	Signature
1						
2						
3						
4						
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20						

RECOMMENDATION OF HEAD OF THE DIVISION

Mr / Ms Attended course as a full time / part time student. His/her attendance exceeds percent and I recommended / not recommended him/her to sit the above examination in medium

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Date

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Signature of Head of Division (Seal)

APPROVAL OF DIRECTOR

Application has fulfilled all requirements and I approved his application to sit the examination.

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Date

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Signature of Director (Seal)