

**Departmental Certification for eligibility to appear in end semester examination**

**Department/ Faculty** :  
**Semester** :  
**Date** :

**A.** It is certified that the following students have the required minimum attendance to appear in the end semester examination for ..... semester.

<b>S. No.</b>	<b>Name</b>	<b>% Attendance</b>	<b>Enrolment No.</b>

**B.** Following students do not meet the attendance criteria.

<b>S. No.</b>	<b>Name</b>	<b>% Attendance</b>	<b>Enrolment No.</b>

Recommendations of the Faculty/Department about letting these students take the end semester examination are given below.

Dean

Chairperson