



Kasegaon Education Society's
Rajarambapu Institute of Technology, Rajaramnagar
(An Autonomous Institute Affiliated to Shivaji University, Kolhapur)
Post- Sakharale, Tal. Walwa, Dist. Sangli. PIN – 415414 (Maharashtra)

Date:

To,
Dean,
Student Development.

Name of Student: _____ Mobile No. _____

Branch: _____ Class: _____ PRN : _____

Sir,

I please may be sanctioned to remain absent for **Unit Test 1/ Unit Test 2/ End Semester Examination** to following subjects:

Sr. No	Course Name	Course Code	Exam Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Reason to remain absent:

I am requesting you to kindly sanction permission to remain absent for said examination. I shall complete make-up examinations as per schedule and rules of the institute. **Please enclose supporting documents.**

Signature of the Student

Recommended By

Name & Signature
Faculty Incharge

Signature
**Departmental
Examination Coordinator**

Signature
**Chairman
Departmental Programme Committee**

Note: - Student must submit this application **along with necessary documents** within **7 days** before the respective examination. Medical reason students submit within 10 days after examination.