Form No: A6

# JOB POST: Legal Counsel @IIT-ISM Dhanbad: Apply by May 10INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD

**OFFICE OF THE DEAN (ACADEMIC)**

# FORM FOR ATTENDANCE WAIVER

|  |  |  |  |  |  |  |  |  |
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| **Academic Session:** |  | **Semester** | Monsoon |  | Winter |  | Summer |  |

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| **1.** | Name of Student |  | | | | | | | | | |
| **2.** | Admission No. |  | | Department | | | | |  | | |
| **3.** | Program |  | | Branch (if any) | | | | |  | | |
| **4.** | Institute Email ID |  | | | | | **5.** | Contact Number | |  | |
| **6.** | Last Date for Semester Classes (T) | |  | | **7.** | Form Submission Date ( T – 5 days) | | | | |  |

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| **8.** | **COURSES FOR WHICH WAIVER IS SOUGHT** | * To be filled in detail on the overleaf (mandatory). * Also attach the MIS generated detailed attendance record of the specific course(s) (mandatory). |

Specify the reason for seeking waiver in attendance with relevant documents for substantiating the reason (mandatory):

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Date:

(Signature of student) \_\_

**FOR OFFICE USE ONLY**

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| **For Office use:**  Based on the facts, as stated above by the student :  **Course Total Waiver sought for %  Code Classes of total classes - till Sl. 7**  **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**  Date: \_\_\_\_\_\_  **Signature of Dealing Assistant & AR(UG/PG)** | **Recommendation of the Associate Dean (UG/PG):**  Based on the facts, as stated above by the student, the application is:  **RECOMMENDED for course/s -**  **NOT RECOMMENDED for course/s -**  **Specific remarks, if any:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Signature of Associate Dean (UG/PG)** |
| Permission for Attendance Waiver:  **GRANTED: NOT GRANTED:**  Date: \_\_\_\_\_\_\_\_    **Signature of Dean (Academic)** | |

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**FACULTY** **ENDORSEMENT & ACTIVITY HEAD’S CERTIFICATION FOR ATTENDANCE WAIVER (use separate columns for each missed class)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Admission No. of the student seeking attendance waiver :** | | | |  | | | **Name of the student:** | |  | | | | |
| **Course Code** | **Title of the Course** | **Total Scheduled Classes** | **Actual Attendance in % (as on form submission date)** | | **Waiver request for the following classes** | | | **Endorsed by:** | | | **Certified by\*\*:** | | |
| **Date of missed scheduled classes** | **Time of missed scheduled classes** | | **Name of the Faculty** | | **Signature of the Faculty** | **Name & Designation of the Activity Head** | **Signature of the Activity Head** | **Remarks** |
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\*\* - Approval letter/Copy of Office Order/Email, mentioning the involvement of student/scholar, needs to be submitted. In case of CDC activities, the actual type of engagement to be specified separately.

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