ANNEXUREStatement along with Application for Second Condonation

	Admn No: & REG.NO.						
1	Name of candidate	:			•		
2	Semester & Branch	:					
3	Year of admission	:					
5	Previous academic details in each sem	S1	S2	S3	S4	S5	S
	Total no: of sujects failed						
6	Percentage of attendance						
7	signature (student)						-
8	Recommendation of Class Tutor	:					
9	Specific Remarks of Head Of Section	:					
	<u>Decl</u>	aration of	Parent				
	I, (Name)hereby declare that my son /daughter						
	days due to unavoidable circumstances treatment and hence requested for second condonation						
	Place			Signatur	re		
	Date	Name & Address					
	FOR O	FFICIAL U	JSE ONLY	7			
2	2 Verified by Academic Section (C1)						
	Remarks of Head of Institution						
				Principa	1		