MAULANA AZAD NATIONAL URDU UNIVERSITY, HYDERABAD

STATEMENT OF MONTHLY MEDICAL CERTIFICATES SUBMITTED BY THE STUDENTS FOR RELAXATION IN ATTENDANCE ON MEDICAL GROUND

	Departmen	nt	School				Month and Year							
S.No	Date of Submission by Student	Name of Student	Roll Number	Enrollment Number	Name of Course / Program	Campus Name	Semester	Detail of Medical Certificate Submitted				ed	No. of Periods	
								From (date)	To (date)	No of working days	No. of periods held during this Period as per time table	No of Periods held on Holidays as per time table	Approved for Relaxation on	Remarks by the HoD / Dean / CIT