

ORIGINAL

ABSENTEES STATEMENT
(To be forwarded to the Controller of Examinations)
KAKATIYA UNIVERSITY
WARANGAL - 506 009 TELANGANA

Examination _____ 20
Subject _____ Paper _____
Time _____ Date _____
Name of the Centre _____
No. of Candidates Present _____ (in words _____)

Roll Nos. of Absentees :

					5
					10
					15
					20
					25
					30
(In Words _____)					

Remarks _____

Signature of the Invigilator

Chief Superintendent

Centre _____

DUPLICATE

ABSENTEES STATEMENT
(To be placed in side the bundle)

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