|  |
| --- |
|  |
| **UNIVERSITY OF CALICUT** |
| **(SEMESTER) SEMESTER CBCSS-UG EXAMINATION REGULAR (YEAR) ADMISSION APC** |
| **(PROGRAMME)** |
| SI NO | UNI.REG. NO. (IN ORDER) | NAME OF THE STUDENT | No. of Working days prescribed for the semester/year | Attendance secured by the Candidate | Percentage of Attendance Secured |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| CLASS ANIMATORS SIGN |  |
| HOD SIGN & SEAL |  |

PRINCIPAL