B. U./EXC FORM NO 44(54)

BERHAMPUR UNIVERSITY

PROFORMA-II

(Tempory absence of candidates)

Name of the Centre _____

Examination _____ Date _____ Sitting _____

Subject _____ Room No. _____

Date	Sitting	Roll No.	fime of departure	Time of arrival	Reason for absence	Signature of invigilator

Signature of Centre Superintendent

Date :