



BITM/ED-23: Temporary Absence Report

Room No: _____ Date: _____ Seating: _____

Session: _____ Type of Examination: _____

S.N.	Roll No	Name of Candidate	Semester	Branch	Time		Signature
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S.N.	Name of Invigilator (s)	Signature of Invigilator (s)
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