Attendance Request

Academic Year 2016 - 2017

CUIC, ANNA UNIVERSITY, CHENNAI - 600 025

Name of the Organisation	:		
Date of the Campus Interv	view :	Day :	
Selection Process Attende	ed :		
Degree:	Branch:		Batch:

SI. No.	Reg. No.	Name of the Student	Session Attended {Half-a- day / Full day}	Signature of the Student

Signature	of	the	PR:
Name:			

Mobile No:

Endorsement Director / Deputy Director CUIC