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Re-	Entry	Form

Name			Ad No.	
Programme With	Semester			
Suspension Notic	ce No. and Date			
Date of Suspension	on			
Authority		Remarks	S	ign with Date
Convener, Discip	oline			
Committee				
Office Sdpt.				
Teachers 1				
Teachers 2	The state of the s			
Teachers 3				
Teachers 4				
Teachers 5				
Teachers 6				
Class Tutor				
HoD				
Principal	Discipli	ne Monitoring Con		Pate:
Date of Suspensio		ne wormornig con		
Date of Re-Entry				
Remarks if any				

Sign & Date of Convener