

**Sri Venkateswara College
(University of Delhi)
Benito Juarez Road, Dhaula Kuan,
New Delhi, Delhi 110021**

**Participation-Cum Permission Slip
(Co-curricular activities)**

Date:

Name of the Student _____ Roll No. _____

Semester _____ Course _____

No. of days for which attendance relaxation required _____

Date: From _____ to _____

Reason for claiming attendance relaxation _____

Student Signature

Convenor Signature

ACKNOWLEDGMENT

(for office)

Received attendance relaxation application
from _____

Roll No. _____ Semester _____ Course _____

For the period from _____ to _____

The permission slip was signed by convenor/TIC _____ (Yes/NO).

Signature

(Dealing Assistant)

Date: