



**FOR OFFICE USE ONLY**

**5. Remarks:**

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**6. Assistant Registrar,**

Above observations are forwarded for your information please.

Date: ...../...../.....

Management Assistant: .....

**7. Remarks:**

Date: ...../...../.....

Assistant Registrar, FoL: .....

**8. Remarks/ Recommendations:**

Date: ...../...../.....

Head of the Department, FoL: .....

**9. Remarks/ Recommendations/ Approval:**

Date: ...../...../.....

Dean, FoL: .....