## F.C. |

## VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY BURLA ବୀର ସୁରେନ୍ଦ୍ର ସାଏ ବୈଷୟିକ ବିଶ୍ୱବିଦ୍ୟାଳୟ

(A UGC Recognized State Government University by an Act of Assembly, Estd. -1956)
P.O. Engineering College, Burla, Dist: Sambalpur, Odisha, (India) -768 018

www.vssut.ac.in. e-mail: yc@vssut.ac.in

No. VSSUT/ACD/ 1019 /2025

Dated: 11/11/2025

## NOTICE

The students of the university are required to apply for condonation of shortage of attendance in the prescribed format as enclosed through proper channel as per the following dates mentioned below.

Programme	Semester	Date of submission of applications in the office of Dean, Academic Affairs  17/11/2025		
UG Programme (Except 1 <sup>st</sup> semester B.Tech & B.Arch Programme)	Odd Semester			

Memo No.VSSUT/ACD/ 1020/2025 Copy to:

- 1. University Notice Board.
- 2. Notice Board of all Halls of Residence for information.
- 3. All Deans / HoDs / HoPs / PICs / COE for information.
- 4. Dean, F&P for information with a request to facilitate in hoisting of this notice in the University website.
- 5. Director, IQAC for information.
- 6. PA to Registrar for information.
- 7. PA to Vice-Chancellor for kind information of Hon'ble Vice-Chancellor.

Dean, Academic Affairs Dated: 11/11/2025

Academic Affairs VSSUT, Burla

Dean, Academic Affairs

Dean
Academic Affairs
VSSUT, Burla



## VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY: BURLA

FORM NO. (ACADEMIC): G

No.VSSUT/ACD/ /20					Dated:/20					
Α	PPLICAT	ION FORN	/I FOR C	ONDONATION	OF SHORT	AGE OF AT	TENDAN	CF		
1	<ul> <li>Name of</li> </ul>	the student:								
2	Name of the student:     Registration No:    3. Semester:									
4	. Programi	me:		5. Br	anch:					
6	. Section (	(if any):	7. Mo	bile No	8. E-	Mail ID:				
9	. Parent ly	riodile No.		10 Board	der / Day Schol	or.				
17	. Name of	the Hall of F	Residence	(if Boarder):						
12	V IVIAIN A	yanısı ine io:	llowing ne	ad for condonation	n of shortage of	f attendance				
	(a) I	Death in fam	ily (to be s	supported by neces	ssary documen	ts)				
	(b) I	llness leadin	ig to hosp	italization (to be s	upported by th	ie admit and di	scharge cer	tificate		
	Ţ	rom the hos	oital)							
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		permitted and	d certified	ty / Government (t by concerned auth	o pe sabboued Jority)	by relevant do	ocuments an	d duly		
	(d) <i>i</i>	Appearing th	e interviev	w / written test for	a iob / bigher s	study (to be sur	unorted by e	iitable		
	•	eviderices an	ia certified	l by concerned Dea	an)		ported by a	allabic		
13.	Details of	absence fror	n class du	e to the reasons n	nentioned in SI.	. No. 12				
	Period o	f Absence					No. of			
						Name of	classes	O' (		
			No.	Name of	Name of	Name of the	held during	Signature of the		
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	1 10111	10	days	Subject		Teacher	absence	Teacher		
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-	~~~	<u> </u>					student			
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Da	ite of Subn	nission:				(Full Signatur	e of the Stu	dent)		
/ A II					<u></u>					
n IIA) Aston	ecommena of Theory o	ed cases si	nould rea	ch the office of	Dean, Acaden	ic Affairs one	day after	the last		
uate t	or inecity c	iass, as is n	iotified in	Academic Calendaria	dar for respec	tive semester)	+			
_ettte	r No:					Dotado	/20.			
						Dated:	/20.	*****		
Forwa	rded & Dee	ommondoä		<u> </u>						
OIWE	Forwarded & Recommended Signature of concerned official with official stamp									
	(Warden of Hall of Residence for Boarder /HOD for Day Scholar)									
				SCHO	лаі)					