



TENTISHEV SATKYNBAY MEMORIAL ASIAN MEDICAL INSTITUTE

FACULTY of GENERAL MEDICINE

DEPARTMENT of THERAPEUTIC SCIENCES

RE-WORK REPORT

on

Submitted By

Year _____
Semester _____
Group No. _____
Date of absence / unsatisfactory mark _____
Date of report submission _____
Permission Slip's No. _____

Under the guidance of

(Signature)

Note: This part will be filled by Department.

TO BE COMPLETED & APPROVED BY:

1. Deputy Head of the department: _____ / _____ / _____ /
(Name) (Signature) (Date)

2. Laboratory assistant: _____ / _____ / _____ /
(Name) (Signature) (Date)

Kant