



**S.TENTISHEV MEMORIAL ASIAN MEDICAL
INSTITUTE
GENERAL MEDICINE FACULTY
OBSTETRICS, GYNECOLOGY AND PEDIATRICS
DEPARTMENT**

RE-WORK REPORT

on

Submitted by

Year _____

Semester _____

Group № _____

Date of absence/unsatisfactory mark _____

Date of report submission _____

Permission Slip's № _____

Under the guidance of

Signature: _____

Note: This part will be filled by Department

TO BE COMPLETED & APPROVED BY:

LECTURER: Name: _____ **Signature:** _____ **Date:** _____

Kant