



TENTISHEV SATKYNBAY MEMORIAL ASIAN MEDICAL INSTITUTE

FACULTY of DENTISTRY

DEPARTMENT of STOMATOLOGY

# RE-WORK REPORT

on

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Submitted By

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

Under the guidance of

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\_\_\_\_\_  
(Signature)

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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)

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