ASIAN INTERNATIONAL UNIVERSITY NAMED AFTER SATKYNBAI TENTISHEV

FACULTY of DENTISTRY

DEPARTMENT of STOMATOLOGY

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)

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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)*

Kant