

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/RAA/004	
	Title: CANDIDATES ATTENDANCE		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

Department: _____

Unit Code: _____ Unit Name: _____

Total No of Candidates present: _____ No. Absent: _____

Name of Invigilator: _____ Signature: _____ Date: _____

Record all Registration numbers, Answer Booklet serial number and Names of all the scripts you have received from the candidates below. Present candidates who have handed in their scripts **MUST** sign in the spaces provided. Mark **AB** against the registration number/name where a candidate's script is missing.

S/N	REG NO.	ANSWER BOOKLET NO.	NAME	SIGN
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Name of Chief Examiner Signature..... Date.....

