



UNIVERSITY OF EMBU

MEETING ATTENDANCE FORM

NAME OF MEETING:.....

CHAIRPERSON/CONVENER:

VENUE:..... DATE:..... TIME.....

| S/N | NAME | DESIGNATION | TIME-IN | SIGNATURE |
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Meeting Chaired By:.....Designation: Signature:.....

N.B: A copy of the duly filled-in form and the Notice of the meeting be submitted to Vice-Chancellor's Office immediately after the meeting.

APOLOGIES RECEIVED

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ABSENT

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