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| Auditor : |  |
| Department / School : |  |
| Date : |  |

| **Clause / Procedure No.** | **List of Observations** | **Action Taken (By Section/ Department)** | **Comments on Action Taken (By Auditor)** |
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| **Auditor:**  **…………………………………………………….**  **Name:**  **Date :** | | | |