



EXAMINATION GRIEVANCE REDRESSAL FORM

Date :

Name of the student:		
University Reg.no:		
Batch:		
Semester:		
Contact number:		
Paper code:		
Subject name:		
Nature of grievance:	Internal exam	External exam
<ul style="list-style-type: none">● Time related <input type="checkbox"/>● Conduction of exam related <input type="checkbox"/>● Question paper related <input type="checkbox"/>● Assessment related <input type="checkbox"/>● Others <input type="checkbox"/>		
Signature:		

Office use

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Received by:

Date:

Forwarded to:

Date:

Action taken: