**Student Copy (to be filled by the Student and acknowledged by the class teacher)**

**Form No:**



OFFICE OF THE CONTROLLER OF EXAMINATIONS

**Exams Related Grievances / Request Form**

Date of Submission: Register No: Contact No.:

Name of the Student: Dept.: Sem.:

|  |
| --- |
| **Grievance / Request Details**Enclose Proof if any Signature of the student Class Teacher |

**-----------------------------------------------------cut here-------------------------------------------------------------------------------------**

**Form No:**

**Department / Office Copy (Not to be given to the student.)**

OFFICE OF THE CONTROLLER OF EXAMINATIONS

**Exams Related Grievances / Request Form**

Date of Submission: Register No: Contact No.:

 Name of the Student: Dept.: Sem.:

|  |
| --- |
| **Grievance / Request Details (to filled by the Student):**Enclose Proof if any Signature of the student |
| **Class Teacher’s / HOD’s / Dean’s Comments:****Name & Signature of the Class Teacher with Date** Signature of **HOD or Dean** with Date |
| **COE Office Comments** Signature of the Students Section I/C with Date Signature of the COE with Date  |
| **Action Taken:** |