

**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**Exams Related Grievances / Request Form**

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| --- | --- | --- | --- |
| 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’s Comments:**

Signature of the Class Teacher with Date



**HOD’s Comments:**

Signature of the HOD with Date

**COE Office Comments**

Signature of the Students Section I/C with Date Signature of the COE with Date