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



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-------------------------------------------------------------------------------------**

**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 Comments:**Signature of the Class Teacher with Date |

|  |
| --- |
|  |

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

|  |
| --- |
| **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  |
| **Action Taken:**  |