



SCAS/EXAM CELL/2021-22/GRF

Complaint No: SCAS-EXAMCELL -GRF/ _ _

INTERNAL EXAM - GRIEVANCE REDRESSAL FORM

Student Name :

Department Name :

Batch :

Grievance Details

Name of the Examination:

Month and Year:

Details of Grievance:

Remarks of Mentor:

Signature with date:

HOD Remarks:

FOR OFFICE USE ONLY

Exam Convener's Remark:

DATE:

PRINCIPAL:

CAMPUS

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