

**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**GRIEVANCE FORM**

**Date:**

1. Name of the Candidate : \_\_\_\_\_
2. Reg. No : \_\_\_\_\_
3. Roll. No : \_\_\_\_\_
4. Name of the Dept : \_\_\_\_\_
5. Batch / Semester : \_\_\_\_\_
6. Year : \_\_\_\_\_
7. About Your Grievance : \_\_\_\_\_

**Recommended by:**

**Signature of Candidate**

**Dean / HOD**

**Remarks**