SAMATA DEGREE COLLEGE

Affiliated to Andhra University & Approved by AICTE

alwar das group
free mind through education

EXAMINATION GRIEVANCE APPLICATION FORM

Date:

To

The Exam Branch,

Samata Degree College,

MVP Colony,

Visakhapatnam.

Subject: Regarding _____.

* * *

I _____ a bonafide student of Samata Degree College, hereby request you to kindly look into my grievance and take necessary action and do the needful.

Details of the student:

Program: Year/Sem:

Academic year:

Hall Ticket Number:

E-mail Id:

Phone No:

Grievance related to: Internal / External Examination.

Write detailed description of exam related Grievance in below mentioned space:

Signature of the Student

FOR OFFICE USE
Remarks & Signature

OIE **Director & I/c Principal**