

CHRIST COLLEGE - PUNE
Examination Cell
Student Grievance Redressal Form
(Examination Related)

Date: _____

Grievant Information

Student's Name: _____ Mobile: _____

Fathers/Guardian's Name _____ Mobile _____

Residential Address _____

Class: _____ Div./Section: _____ Roll No/Student ID _____

Email ID _____

Permanent Address: _____

Nature of Grievance: Internal Exam/Internal Assessments/Other: _____

Date, Time and place of event leading to grievance: _____

Grievance Details: _____

Proposed solution to the grievance (To be filled by Exam Cell with signature)

Signature:

Proposed date completion of the grievance (To be filled by Exam Cell)

State why do you think an informal resolution is not possible:

The information that I am submitting here is factual and without any exaggeration

Signature: _____ (signature of the student with date)

Note: Fill all the necessary details in the form, send soft copy it to exam@christcollegepune.org , attach the necessary document send submit the hard copy to Exam Cell.