

Department

## ST. JOSEPH'S COLLEGE MOOLAMATTOM

Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam

www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Semester

## Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Programme

Student in charge of the subject  Course Name and Code  Nature of the request Put tick mark ( ) Retest/ Revaluation/Scrutiny/ Improvement  Reason for request  Date: Signature and Name of Applicant  Report/ Action taken by the Teacher concerned  Date: Signature and Name of Teacher in Charge  Report/ Action taken by HOD  Date: Signature and Name of HOD  Action taken by Principal							
Course Name and Code  Nature of the request Put tick mark ( )  Reason for request  Date:  Signature and Name of Applicant  Report/ Action taken by the Teacher concerned  Signature and Name of Teacher in Charge  Report/ Action taken by HOD  Date:  Signature and Name of HOD  Action taken by Principal	Name of		Roll No		Name of Teacher		
Course Name and Code  Nature of the request Put tick mark ( )  Reason for request  Date:  Signature and Name of Applicant  Papert/ Action taken by the Teacher concerned  Signature and Name of Teacher in Charge  Report/ Action taken by HOD  Date:  Signature and Name of HOD  Action taken by Principal	Student				in charge of the		
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