

Form No:

Department:

Date:

INTERNAL ASSESSMENT GRIEVANCE REDRESSAL FORM

Name of the Student	:
Program and Semester	:
Details of Grievance	:
Signature with date	
orginature with date	•
Remarks of Class Tutor	:
Remarks of Departmental	

Grievance Redressal

Committee :

Remarks (if any) of

College Grievance Redressal

Committee :