BIKALI COLLEGE, DHUPDHARA

GOALPARA-783123

Date:

INTERNAL(Sessional/Assignment)EXAMINATION GRIEVANCE FORM

Student Details:

- Name:.....
- Course.....
- Semester.....
- GU Roll No.:.....
- Contact No.:.....
- Email: .....

Grievance Details

1. **Sessional Exam/Assignment Paper Name with Code**.....

   .....

2. **Date of Exam/Assignment Submission**.....
3. **Nature of Grievance (Tick as applicable):**

- Discrepancy in Marks
- Incorrect Question Paper
- Unfair Means Allegation
- Improper Conduct of Exam
- Others (Please specify): _____

4. **Detailed Description of Grievance:**

5. **Supporting Documents (if any):**

Answer Sheet Copy /Screenshot/Photographic Evidence/Others_____

6. **Preferred Resolution (if any):** [Specify any action you seek as a resolution to the grievance.]

Declaration

I hereby declare that the information provided is true to the best of my knowledge. I understand that providing false information may result in disciplinary action.

Student Signature: _____
Date: _____

For Official Use Only

Received By (Name & Designation): .....
Date of Receipt:
Remarks/Action Taken: .....
Signature & Seal: