## Somaiya Vidyavihar University

	Examination	1	20	
To, IEC				
*Sub: Grievanc	e regarding:			
*Attach separat Details of exami	e documents if an	y		
Programme	Class FY/SY/TY/LY	Semester I/II/III/IV/V/VI/ VII/VIII	Exam: ESE/Test/other	
Date of examination		Block/Room No.		
Name of the course			Day/Date/Time of Examination:	
Signature of Stu Name of the stude		heet may be attache	d) Email	Mobile No
- Name of the stude	III Exam Sc	at 110.		Wiobiic 10
HOD/Chairpers	son BOS's Comm	ents:		
			НОІ	D/Chairperson BOS
Final decision of	f the CEC:			
				<del></del>
				Dean/HOI/IEC

## Somaiya Vidyavihar University

## **Signature and Exam Seat No. of Students**

Exam Seat No	Signature	Exam Seat No	Signature	Exam Seat No	Signature