

Somaiya Vidyavihar University

Name of the college:

Student Application for Grievances about Assessment of IA / Test / ESE / _____

(The application should be submitted to exam cell as per the section of exam manual of the college)

Semester: _____ 20__ - _____ 20__

To,
IEC

*Sub: Grievance regarding: _____

*Attach separate documents if any

Details of examination

Programme	Class FY/SY/TY/LY	Semester I/II/III/IV/V/VI/ VII/VIII	Exam: ESE/Test/IA/other _____
Date of examination		Block/Room No.	
Name of the course			Day/Date/Time of Examination:

Signature of Students (Separate sheet may be attached)

Name of the student	Exam Seat No.	Email	Mobile No.

HOD/Chairperson BOS's Comments: _____

HOD/Chairperson BOS

Final decision of the CEC: _____

Dean/HOI/IEC

Final decision of the ESC: _____

ESC Members

Somaiya Vidyavihar University

Signature and Exam Seat No. of Students

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