



SCAS/EXAM CELL/2021-22/GRF

Complaint No: SCAS-EXAMCELL -GRF/\_ \_

**INTERNAL EXAM - GRIEVANCE REDRESSAL FORM**

**Student Name** :

**Department Name** :

**Batch** :

**Grievance Details**

**Name of the Examination:**

**Month and Year:**

**Details of Grievance:**

**Remarks of Mentor:**

**Signature with date:**

**HOD Remarks:**

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**FOR OFFICE USE ONLY**

**Exam Convener's Remark:**

**DATE:**

**PRINCIPAL:**

**CAMPUS**

Kottukulam Hills, Pathamuttom P. O., Kottayam – 686 532, Kerala | Tel: +91 481 2433787 |scas@saintgits.org

**CORPORATE OFFICE**

III Floor, Unity Building, K. K. Road, Kottayam – 686 002, Kerala | Tel: +91 481 2584330, 2300365 | mail@saintgits.org

[www.saintgits.org](http://www.saintgits.org)



SCAS/EXAM CELL/2021-22/GRF

--/--/20...

To,  
Ms/Mr .....  
.....UG / PG Programme  
Batch (20\_\_ to 20 \_\_)

Dear .....

Sub: Response to your grievance letter to EXAM CELL (Complaint No: UG-EXAM CELL-GRF/.....)

This is in response to your grievance letter to SCAS EXAM CELL-Complaint No: SCAS-EXAMCELL -GRF/ \_\_ dated --/--/20--. SCAS EXAM CELL has carefully reviewed your letter.

Hence your grievance has been denied/solved/accepted with following instructions\*

Ref: Complaint No: SCAS-EXAMCELL -GRF/ \_\_ dated \_\_ / \_\_ / \_\_\_\_

Convener,  
SCAS EXAM CELL

Copy to,

1. The Principal
2. Head of The Department
3. Dr/Mr/Mrs Faculty

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