SHIKSHAN MAHARSHI GURUVARYA R. G. SHINDE MAHAVIDYALAYA PARANDA

| Complaints / suggestion regarding Internal Examination | |
|--|--|
| 1. | Name of the student: |
| 2. | Class |
| | Roll no |
| | College registration no: |
| 3. | Name of the examination: |
| 4. | Subject |
| 5. | Name of the Paper |
| 6. | Date of Examination: |
| 7. | Complaints/suggestions (Give details): |
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Note: This form should be submitted to Examination section of the college

Date:

You may fill this form online by clicking on this link https://forms.gle/kt83Rk38oxZCP2UP9

Signature