



**FORM – COE-C04**

**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**Email Id. *infocoe@jisuniversity.ac.in***

**Contact No. +91-8336047403**

**GRIEVANCE FORM**

Name of the student: \_\_\_\_\_

Program (B.A./B.Sc./B.Tech/etc.): \_\_\_\_\_ Branch: \_\_\_\_\_

University Regn. No. \_\_\_\_\_ of \_\_\_\_\_ Department: \_\_\_\_\_

Current Semester / Year (for current student): \_\_\_\_\_ Year of passing out (for passed-out student): \_\_\_\_\_

<b>Describe your grievance – may attach annexed page, if necessary</b>	<b>Did you attempt to solve it informally?</b>
	<b>Yes / No</b>  (if yes, please explain further in annexed page)

I declare that the information provided by me is true and correct. I shall be held liable and deemed to be legally punished for any misinformation or false information provided by me in this form.

Yours faithfully,

\_\_\_\_\_ (signature of the applicant)

Phone Number of the applicant: \_\_\_\_\_

Email Id of the applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Complaint issued on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Complaint resolved on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Complaint No. \_\_\_\_\_

Issue handed over to: \_\_\_\_\_

Mode of intimation to the student: Email / Telephone

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Office seal

\_\_\_\_\_  
COE / DCOE / ACOE, JIS University