



OFFICE OF THE CONTROLLER OF EXAMINATIONS
BISHOP HEBER COLLEGE (AUTONOMOUS)
Tiruchirappalli – 620 017

Request for Redressal for Grievance in Examinations

Date:

1. Name of the Examination :
2. Subject :
3. Paper with Course Code :
4. Date of Examination :
5. Name of the teacher :
(who taught the paper)
6. Grievance (give details, use additional sheet, if necessary)

Signature of the Examinees

Examinees Name :

Register Number :

COE's Office Use Only

Forwarded for necessary action.

*** Encl: Question paper**

Controller of Examinations
