Nagar Yuwak Shikshan Sanstha's

# Yeshwantrao Chavan College of Engineering

*(An Autonomous Institution affiliated to Rashtrasant Tukadoji Maharaj Nagpur University)*

Hingna Road, Wanadongri, Nagpur - 441 110

**Form No. E42**

Print on Legal size page

## *Application for Consideration of Grievance*

**(Note: Please read all the instructions given at the bottom of this page carefully before applying.)**

**(Use "Admit Card" to fill following information)**

Student's name: ________________________________________Degree: M Tech / BE / PTDP

Semester: ____ Section ___ Name of Exam:____________________________________________________

Programme: _________________________________Scheme___________________________________________

Registration No: __________________**Exam. Seat No:** __________________ Mobile No.__________________

Course code: _______________Course Name: ____________________________________________________

Marks obtained: (ESE______/60), (MSE&TA______/40) Grade obtained: _______________________

Date of showing the Answer book:________________ Date of declaration of Result:______________________

Type of grievance (Tick the most appropriate option):

□ Undervaluation □ wrong posting of grades in grade report □ Wrong grade

□ Incorrect CA marks □ Absorption related □ Others

**Details of Grievance**

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## Declaration by the student

**<u>I have read all the instructions given below carefully.</u>** *I hereby declare that the information given above is as per* ***'admit card'&*** *true to the best of my knowledge. I know that* ***the complete revaluation of the answer book shall be done and the change in marks will be incorporated only if the change is ± 3 marks.*** *I know that this application cannot be withdrawn at any stage. I hereby accept that the decision of the grievance committee shall be final and binding on me.*

**Signature of Student**

## Recommendation of the HOD

*The request of the student is recommended and forwarded to the Chairman, Grievance Redressal Committee for necessary consideration.*

**Signature of HOD/Course Teacher**

## Recommendation of Grievance Redressal Committee

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**Name** **Signature**

**Chairman:** …………………………………………………………… …………………………………

**Member** …………………………………………………………… …………………………………

**Member** …………………………………………………………… …………………………………

**Submitted To COE**

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**<u>RECEIPT</u>**

*Received Grievance application from Ms/Mr.* ________________________________________*of* __________

*sem* ______*on dt .*________________*along with photocopy of receipt of processing fees paid.*

**Name and Signature of the receiver**

**<u>Important Instructions to the students</u>**

i. Use separate application form for each course. Preserve this RECEIPT as a proof of submission.
ii. Attach photocopy of the receipt of the fees of **Rs. 100/-** paid towards processing charges (**Rs. 100/** for each course).
iii. Application with incomplete information and/or submitted after stipulated time limits shall be straightaway rejected.
iv. The applications making false claims will be rejected and due action will be taken against such applicants.
v. Valuation related grievance must be submitted within **10 days of Last Examination Date of your branch & semester.**
vi. Result related grievances must be submitted within **7 working days** from the date of declaration of results.