

**M. S. P. Mandal's
Deogiri College (Autonomous)
Chhatrapati Sambhajnagar-431005**

APPLICATION FORM FOR XEROX / PHOTOCOPIES OF THE ASSESSED ANSWER BOOKS

DATE:

1. Student Name (Capital):
2. Mobile No. PRN :
3. Seat Number: Class :
4. Faculty: Month & Year of Exam:
5. Subject and Paper Number in which Grievance Redressal Mechanism is desired:
(For any three papers)

Sr. No.	Course Code	Course Name	Marks obtained	For office use only

Amount of online fees paid Rs.

Transaction id : Dated:

Signature of the HoD with stamp

Signature of Applicant

Instructions:

For Xerox /Photocopies,

1. The form & fees of Rs. 100/- per paper be submitted in the college office within 10 days from the date of declaration of the result.
2. Online fees paid receipt with Transaction ID.
3. Redressal mechanism applicable only for ESE (theory papers).

**M. S. P. Mandal's
Deogiri College (Autonomous)
Chhatrapati Sambhajnagar-431005**

**APPLICATION FORM FOR GRIEVANCE REDRESSAL MECHANISM RELATED TO
VALUATION OF ANSWER BOOKS (REVALUATION)**

DATE:

1. Student Name (Capital):
2. Mobile No. PRN :
3. Seat Number: Class :
4. Faculty: Month & Year of Exam:
5. Subject and Paper Number in which Grievance Redressal Mechanism is desired:
(For any TWO photocopied papers)

Sr. No.	Course Code	Course Name	Marks obtained	For office use only

Amount of online fees paid Rs.

Transaction id : Dated:

Signature of the HoD with stamp

Signature of Applicant

Instructions:**For Revaluation:**

1. The form & fees of Rs. 200/- per paper be submitted in the college office within 10 days from the date of declaration of the result.
2. Online fees paid receipt with Transaction ID.
3. Redressal mechanism applicable only for two ESE (theory papers).

**M. S. P. Mandal's
Deogiri College (Autonomous)
Chhatrapati Sambhajnagar-431005**

**RECOMMENDATION FORM FOR GRIEVANCE REDRESSAL MECHANISM RELATED TO
VALUATION OF ANSWER BOOK (REVALUATION)**

DATE:

1. Student Name (Capital):
2. Mobile No. PRN :
3. Seat Number: Class :
4. Faculty: Month & Year of Exam:
5. Subject and Paper Number in which Grievance Redressal Mechanism is desired:

FIRST SUBJECT:

Sr. No.	Course Code	Course Name	Marks obtained	Subject Teacher recommended marks	Remarks

Name & Signature of Subject Teacher:

Mobile No.

SECOND SUBJECT:

Sr. No.	Course Code	Course Name	Marks obtained	Subject Teacher recommended marks	Remarks

Name & Signature of Subject Teacher:

Mobile No.

Signature of the HoD with stamp

Signature of Applicant