ATSS's Institute of Industrial & Computer Management & Research, Nigdi

Problem/Issue/Grievance Redressal Form

Department: MBA/MCA Student Name: _____ Examination: _____ ______Date:_____PRN:____ **Class:** Eligibility Number(for University Examination): ______Mobile:____ Issue: Remark of Subject Teacher/Co-Ordinator: **Signature of Teacher/Co-ordinator** Date: _____ **Remark of Examination Department: CEO**

Director

Date: