



EXAM RELATED GRIEVANCE FORM

Name of Complainant	
Contact Number	
Email Id	
Class	

Nature Of Grievance	
Subject:	
Theory / Practical	Internal Exam / MUHS Exam

Undertaking
I hereby declare that the information furnished above by me is true and accurate.
Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious.

Signature of Complainant	
Date	