

SRI GURU TEGH BAHADUR KHALSA COLLEGE

(University of Delhi)

Internal Assessment Complaint Form

Name of the Student: Complete College Roll No.....

Course: SEM: Section (if any)

AECC/AEEC Group no. Generic Elective Group no. Mobile No:

Email ID (in CAPITAL):

S. No	Name of Paper	Name of Teacher (Please write all teachers name)	Complaint Pl. tick {√} Test.....{ } Assignment.....{ } (pl. fill IA Break-up by the student)	Office Use Only				

Computer Checked by
Name & Sign :

Original Checked by
Name & Sign :

Signature of Student
(with date)

EDP/ Remarks : (if any correction Yes / No)