



D. S. GOVERNMENT COLLEGE (W), ONGOLE.
INTERNAL ASSESSMENT GRIEVANCE FORM

Dt:

Name of the student:

Reg. No.:

Program:

Year/Sem:

Name of course for which the grievance is sought:

Brief Description of Grievance:

Signature of the student

For Department Use

Remarks of the teacher

Whether issue resolved by the Department

Yes/No

Name and Signature of the teacher

Department In-Charge