**DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, AURANGABAD**

**DEPARTMENT NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Satisfaction Report regarding Complaints/Grievances about evaluation of Examination Papers**

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| **Examination :**  | **Semester : APRIL/MAY NOV/DEC** |
| **Paper Nos & Paper Codes :** |  |

I , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ here by declares that the Department has shown the evaluated answer scripts written in the examination as per details mentioned above. And I am satisfied with the evaluation.

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|  | **Student Sign:** |  |
|  | **Student Name:** |  |
|  | **Date :** |  |
| **Subject Teachers Sign :** |  |  |
| **Head of the Department :** |  |  |