

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

DEPARTMENT NAME : _____

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

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.

Student Sign:

Student Name:

Date :

Subject Teachers Sign :

Head of the Department :