



V. M. SALGAOCAR INSTITUTE
of
INTERNATIONAL HOSPITALITY EDUCATION

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EXAMINATION GRIEVANCE FORM

Academic year: _____

1. Student Name:
2. PRN Number
3. Class/ Semester
4. Email ID
5. Exam Date
6. Name of the subject
7. Name of the faculty teaching the subject
8. Description of the problem
9. Has the problem been reported to the subject faculty : Yes No
10. Action taken: Yes No
11. If No: Cause of dissatisfaction
12. Student Signature

Forward to: The Exam Co-ordinator

1. Remarks/ Action Taken Report
2. Signature of Exam Co-ordinator
3. Signature of Principal

Dated: