

## **Online Assessment's Grievance Form**

(To be filled by the Student)

Form-B

Department:	
Student's Name:	
<b>Student's Registration No:</b>	
Semester:	
Student's Cell No:	
Student's Email ID:	

Please type your complaint in the space below. Be specific about the complaint. Send this form to <u>manager.cms@uetmardan.edu.pk</u> with a copy to <u>dir.acad@uetmardan.edu.pk</u>.

(For Office Use Only)
Complaint Received on (date):
Complaint resolved: Yes. No
Comments of the Online Assessment's Grievance Committee:
(i) Director Academics Name & Signature

(ii) Manager CMS and IT

(iii) Semester Coordinator

Name & Signature Name & Signature