



PRATAP UNIVERSITY

JAIPUR

OFFICE OF CONTROLLER OF EXAMINATIONS

Requisition letter/ Grievance form

Application no.

Date:

Name:	Address for communication
Branch:	
Reg/ Roll No.:	
Year:	
Mobile no. :	
EmailID:	

To
The controller of examinations
Pratap University
Jaipur
Sir,
Sub:
Nature of Request:

Details if any for the request

Signature

FOR OFFICE USE ONLY

Forwarded to:	
Action taken (details/ Reply sent on)	
Signature of the staff while receiving (with date)	Signature of the staff while closing (with date and remarks)