

SHRI RAMASAMY MEMORIAL UNIVERSITY SIKKIM

(Estd. Under SRMUS Act, 2013)

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Requisition Letter / Grievance form

Date:

Application No:

From :

Name :										Address for Communication									
Branch :																			
Reg Number:					Campus :														
Year :																			
Mobile Number																			
E-Mail ID:																			

To

The Controller of Examinations
Shri Ramasamy Memoria Univeristy Sikkim
5th Mile , Tadong , Gangtok ,East Sikkim – 737133.

Sir,

Sub:

Nature of Request:

Details, if any for the request

Signature

FOR OFFICE USE ONLY

Forwarded to:	
Action Taken (Details / Reply Sent on)	