

Request for Redressal for Grievance in Examination

Date: 21/11/2022

Name of the Student: More Sushma Keshav.

Class of the Student: T.Y.B.Sc (Physics)

1) Name of the Examination: T.Y.B.Sc Phy. Internal exam Nov. 2022.

2) Subject: Paper-II Electrodynamics

3) Paper (with nomenclature): II

4) Date of examination: 24/11/2022

5) Name of the teacher: Dr. S.B. Bansode

6) Grievance (in detail): Because for engagement ceremony,

my engagement ceremony is to be held on 24/11/22
so I can't attend the internal Exam.

Forwarded for necessary action (with remark)

7) Teacher's comment:

As the engagement is there, please
give permission - Bansode

Signature of the Examiner

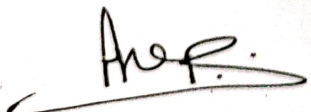
8) Comment of the Head of the Department:

Engagement ceremony of more Sushma
is on 24/11/22. Please give permission
to be absent for Exam.

Signature of the HoD

9) Comments by CEO :

Signature of the CEO


Principal
Kar. Ramraoji Aher Arts, Sci. &
Comm. College, Deola (Nashik)

9527709402

Deola Education Society's
Karmaveer Ramraoji Aher
Art's Science and Commerce College, Deola.

Request for Redressal for Grievance in Examination

Date:

2/12/2022

Name of the Student:

KIRAN BHAUSAHEB JAGTAP

Class of the Student:

F.Y.B.A.

1) Name of the Examination:

EXTERNAL I

2) Subject:

(OPTIONAL) ENGLISH

3) Paper (with nomenclature):

OPTIONAL ENGLISH

4) Date of examination:

1/12/2022

5) Name of the teacher:

Prof. J.D. Kadu

6) Grievance (in detail):

due to cold, vomiting and headache i should take bed rest as per doctor's advice.

Forwarded for necessary action (with remark)

7) Teacher's comment:

Due to cold, vomiting and headache, he was absent for the exam. so, grant the permission of Exam.

Signature of the Examiner

8) Comment of the Head of the Department:

do. it needful.

Signature of the HoD

9) Comments by CEO:

Prof. Dr. Dani & Shri. Paramwal

Aher.
2-12-2022

Signature of the CEO



MEDICAL CERTIFICATE

To Whomsoever It May Concern

This is to certify that Mr./Mrs./Miss Jagtap Kiran
Bhansahab

is/was under my treatment since 01.12.2022 to _____

For fever

He/She is/was advised medical treatment and rest for this period.

He/She is medically fit to resume his/her duties w.e.f. _____

Dr's Seal

Regd No.

2
Signature

Dr. Lalit D. Metkar
B.A.M.S.

Reg. Name of Dr. A1
Metkar Hospital, Deola

Request for Redressal for Grievance in Examination

Date:

Name of the Student: Shewale Nitin saheshrao

Class of the Student: T. Y. Bcom

1) Name of the Examination:

2) Subject: B.R.F, Advance accounting, Indian & Global economics
Auditing & Taxation.

3) Paper (with nomenclature): marketing management II

4) Date of examination: 23/11/2022 to 29/11/2022

5) Name of the teacher: Dr. D.S. Shinde

6) Grievance (in detail): I could not appear for the exam because I had attended training for my appointment as an employee in KSAF co operative bank

Forwarded for necessary action (with remark)

7) Teacher's comment:



Signature of the Examiner

8) Comment of the Head of the Department:



Signature of the HoD

9) Comments by CEO :



Signature of the CEO

P1. do the needful
a sh
05/12/22

ESAF CO-OPERATIVE

Date- - P-2022

KARMAVIR RAMRAVJI AHER
College of Arts, Science, Commerce,
Deola.

To,
Principal

Respected Sir,
Nitin Sahebrao Shewale has joined us as a banking staff, but his training was from November 22 to 26 at the Zonal Office of Nagpur, but we request you to give him time for the exam.



Thanks & Regards
Vivek Khare
Branch Manager Deola Branch

Request for Redressal for Grievance in Examination

Date:

Name of the Student: Divya Shraavan Ahire

Class of the Student: S.Y. B.Sc.

1) Name of the Examination:

2) Subject: Botany - I, Botany - II, Zoology - I, Zoology - II, Chemistry - I, Chemistry - II, Marathi, Environmental Awareness.

3) Paper (with nomenclature):

4) Date of examination: 23/11/2022 to 11/12/2023

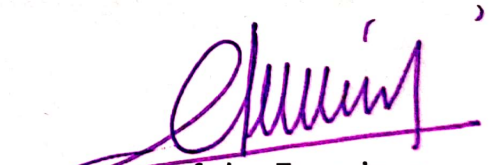
5) Name of the teacher: Dr. S.D. Thakase

6) Grievance (in detail): Due to operation of my hand so, for Internal Exam. I am going to take a help of my sister so please allow me the permission.

Forwarded for necessary action (with remark)

7) Teacher's comment:

please do needful


Signature of the Examiner

8) Comment of the Head of the Department:

written is allowed.


Signature of the HoD

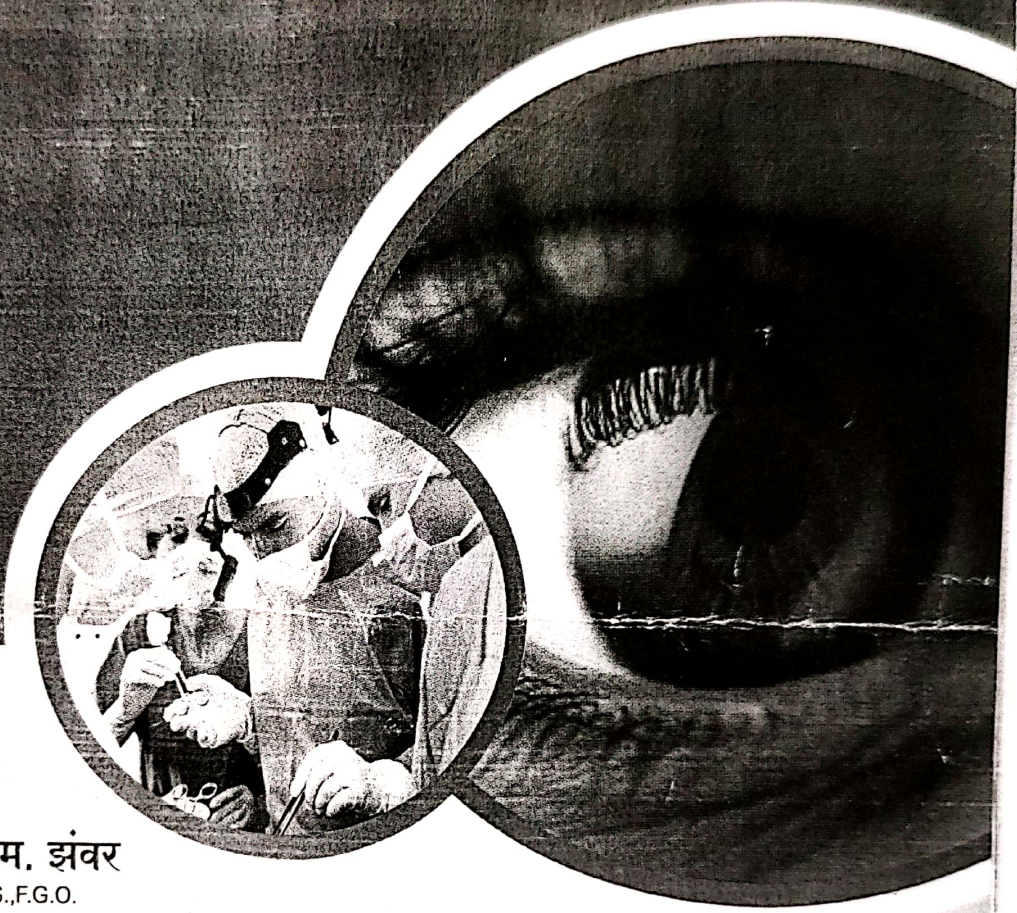
9) Comments by CEO :


Signature of the CEO

सिध्दीविनायक

हॉस्पिटल व नेत्रालय

कलंत्री शोरुमच्या मागे, डॉ. चोपडे शेजारी, सटाणा रोड,
मोसमपुल जबळ, मालेगांव. फोन : 02448-240000



डॉ. रश्मी एम. झंवर

M.B.B.S., D.O.M.S., F.G.O.

(नेत्र रोग तज्ञ)

Regd. No. 2003/04/1848

डॉ. मुकुंद झंवर

M.B.B.S., FCPS, DNB, FIAGES

(जनरल व लॅप्रोस्कोपीक सर्जन)

Regd. No. 2001/08/2803

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वेळ : सकाळी ११ ते ३, सायं. ६ ते ९
अत्यावश्यक सेवा २४ तास

कृपया फेर तपासणीस येतांना फाईल व पेपर सोबत आणावे.

नांव : दिव्या शायबा अहिडे

पत्ता : शायबा

२२/८

दिनांक : ११/११/२०२२

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सिध्दीविनायक हॉस्पिटल व नेत्रालय

कलनी रोडच्या मागे, डॉ. चौपडे शेजारी, सदाणा रोड,
भोसमपुल जवळ, मातेगाव, फोन : ०२५५४-२५७७००

दिव्या झाटे

डॉ. मुकुंद झंवर

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Regd. No. 2003/04/1848

दिनांक :

(11/11/22)

गांव :

वय :

Ermost
grogum

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T. Sefherer 22
10/1

(10)

T. P. Khan 12/1

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Chafel 12/1

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S. J. W. 20/1

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(दिव्या)

(विद्युत करि.
एन डी वी वी)

* अत्यावश्यक २४ तास सेवा

* वेळ : सकाळी ११ ते ३ सायंकाळी ६ ते ९.