GRIEVANCE FORM

CASE No:…………………………………..

DATE:
…………………………….

PERSONAL DETAILS:

NAME:

ENROLLMENT NO.:

EMAIL ID:

COURSE/DEPARTMENT:

GENDER:

MOBILE NO:

PRESENT ADDRESS with Pincode:

PERMANENT ADDRESS with Pincode:

GRIEVANCE DETAILS:

GRIEVANCE CATEGORY:

A. Infrastructure-

B. Policy-

C. Facility-

D. Personnel-

E. Staff-

F. Schemes-

G. Others-

GRIEVANCE DESCRIPTION:
DECLARATION:

I hereby declare that the information/document provided above is correct. I shall be responsible for furnishing any wrong information/document.

Please check the box

VERIFICATION CODE : (FOR ONLINE FORM)

SIGNATURE OF THE AGGRIEVER: (FOR MANUAL FORM)