FORMAL GRIEVANCE REGISTRATION FORM

Grievant's Profile						
Name:						
Wether: Student	Parent		✓	(Tick whapplicable)	ıichever	
Enrolment/Roll No:		Dept. /Faculty:				
Gender: Male/Female						
Phone:		Email:				
Grievance Details						
Type of Grievance: Academic Related Amenities & Maintenance General Administration Date of Occurrence:	Have you	Placements Other relate discussed	Mentor's/HoD's/Dean Name:			
Note: Must be filed within 7 working days		YES/NO/Not				
Issue of Grievance: (I experience has been supporting documentati	affected, an			-		
			-			
I declare that the informa	tion provided	d by me is tru	e and factual to th	e best of my k	anowledge.	
Date:		Grieva	ant Name:			
		Signat	ure:			