

Students' Grievance Form

NAME (IN CAPITAL LETTERS ONLY)	
PROGRAMME (H.S./U.G./P.G./DIPLOMA)	
STREAM (ARTS/ SC/ COM/ MNG/IT)	
YEAR/ SEMESTER	
ROLL NO	
YEAR OF ADMISSION	
EMAIL ID	
CONTACT NO.	
PARENT'S/ GUARDIAN'S NAME	
PARENT'S/ GUARDIAN'S CONTACT NO.	
DETAILS OF GRIEVANCE (Within 100 words)	

❖ Additional sheets may be used if required

I hereby declare that the information provided above is true to the best of my knowledge and belief. I shall be liable for disciplinary action, if grievances addressed above are proved to be false.

SIGNATURE OF THE STUDENT

DATE: