Student Grievance Form

Personal Details Full Name:	
E-mail ID :	
Mobile No.:	
Department	Course
	ation/Examination/Infrastructure/General any other (Grievance Description in short)
If any Enclosers which support y	your grievance:
Proposed Solution (maximum 50) words)
Declaration	
I hereby declare that the information responsible for furnishing any wro	on/document provided above is correct. I shall be ong information/document.
	Signature of Student:
	Name:
	Date: