

GRIEVANCE FORM

Name of Student/Teaching /Non-Teaching Staff:			
Department:			
Student/Employee ID:			
Date:			
To Whom: Tick appropriate box Academic Administration	Curricular	Co-Curricular	
Infrastructure Anti-Ragging	Gender Discrimination	Examination	
NSS Related Canteen Related	Any Other		
Description About Grievance:			
Signature with date:			
Name:			