

DETAILS OF SUSPENDED STAFF, IF ANY , AT YOUR INSTITUTION as per No. GRC-HED/02

29.08.2024

NAME OF THE SUSPENDED EMPLOYEE	NAME OF THE OFFICE / INSTITUTION WITH ADDRESS	SUSPENDED FROM	REASON FOR SUSPENSION
NA	NA	NA	NA

**PLEASE SEND THE DETAIL IN PDF AND WORD (SOFT COPY) ALSO TO EMAIL ID grievance.h
BY 13.09.2024 POSITIVELY
IF NO CASE IS AVIALABLE PLEASE MENTION NOT APPLICABLE (NA)**

110)/24 DATED

ANY OTHER DETAILS
NA

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