

STUDENT GRIEVANCE REDRESSAL FORM

1. Personal Details:

Name of the Student	
Enrollment Number	
Course & Year	
Department	
Contact Number	
Email Address	

2. Type of Grievance (Tick the Relevant Option)

- Academic Matter
- Administrative Matter
- Infrastructure Facilities
- Financial Matters
- Behavior / Harassment / Discrimination
- Other (Please specify):

3. Details of the Grievance

(Please describe your grievance clearly and in detail, mentioning dates, people involved, and relevant circumstances.)

4. Supporting Documents Attached (if any)

Yes

No

5. Relief or Solution Sought

(Describe the resolution or action you expect.)

6. Declaration by the Student

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any false information may lead to rejection of my grievance or lead to disciplinary actions.

Date: ____/____/____

Signature of Student: _____

For SGRC Use Only:

Grievance Received on (Date):	
Grievance Number (Reference ID)	
Remarks if any	

Signature of Receiving Officer: _____