

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: _____