



To
The Chairman,
College Grievances Redressal Committee (CSGRC)

STUDENT INFORMATION:

1.	Name of the Student (s):	
2.	Mobile No.	
3.	Email	
4.	Name of Institute	
5.	Department (for PG)	
6.	Programme Pursuing	
7.	Class	

WRITE YOUR GRIEVANCE HERE:

Attachment if any:

1. _____ 2. _____

BY SIGNING THIS FORM, I AFFIRM THAT I AM THE COMPLAINANT AND THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ACTION MAY BE INITIATED AGAINST ME IF THE COMPLAINT IS FOUND TO BE FALSE OR FRIVOLOUS IN NATURE.

Date:

Signature of student (s)

-----**For Institute Use**-----

Date of Registration of Grievance with College SGRC: _____

Decisions/ Recommendations/ Action Taken by College SGRC:

Date of Issue of order: _____

Signature of Chairman, CSGRC

Copy of order to:

1. Aggrieved student
2. SGRC, PIMS (DU)