PRAVARA INSTITUTE OF MEDICAL SCIENCES (DEEMED UNIVERSITY)

Student Grievances Redressal Cell Grievance Registration Form- University Level



To

The Chairman,

Grievances Redressal Committee, PIMS (DU)

STU	DENT INFORMATION:	
1.	Name of the Student (s):	
2.	Mobile No.	
3.	Email	
4.	Name of Institute	
5.	Department (for PG)	
6.	Programme Perusing	
7.	Class	
WR	ITE YOUR GRIEVANCE H	IERE:
If Yes Is you Attach 1. 2. BY SIG	GNING THIS FORM, I AFFIRM TO E IS TRUE AND CORRECT TO	College SGRC : Yes / Noege SGRC : Yes / Noege SGRC : Yes / Noeievance form Submitted to College SGRC (if available)
Date:		Signature of student (s)
		Cor Office Use
	of Registration of Grievance v sions/ Recommendations/ A	
Deci	sions/ Recommendations/ A	ction Taken by SGRC:
Date o	of Issue of order:	_ Signature of Chairman, SGRC, PIMS (DU)

1. Aggrieved student

Copy of order to:

- 2. Institute- SGRC, HOI, CoE, CET section, Sports Department, Hostel Rector
- 3. Ombudsperson, PIMS (DU)