



DNYAN GANGA EDUCATION TRUST'S COLLEGE OF EDUCATION (B.Ed.)

GRIEVANCE REDRESSAL CELL (CGRC)

GRIEVANCEFORM

First Name _____ Middle Name _____ Last Name _____

Course _____ Semester _____ Class _____ Division _____

Roll No. _____ PRN No. _____ Student Id _____ Mobile No _____

Email-Id _____ Date of Event occurred _____

Residential Address _____

Name of Teacher/s/Officer/s/Staff/Section/s/Departments against whom the complaint is to be lodged *

Nature of grievance/s in which redressal is sought (Write):-

Declaration of Student/Complainant

I/We hereby declare that the above information furnished by me/us is true to the best of my/our knowledge. In case if it is turned false I/We am/are personally responsible for the punishment.

Date:

Place:

Signature of Complainant

Note: -

1. Attach the supporting documents, if any.
2. No incomplete / Anonymous Grievance will be entertained.
3. Complete form must be drop in the Marked "Grievance Box"
4. The complainant will be called for inquiry in front of the GRC Committee as if required.