

Derozio Memorial College
STUDENTS GRIEVANCE REDRESSAL COMMITTEE
STUDENTS GRIEVANCE FORM



1) Name	
2) Semester	
3) Department	
4) Male / Female	
5) Aadhar Number	
6) Mobile number	
7) Grievance Type:	
a) Examination	
b) Infrastructure	
c) Hygiene	
d) Library	
e) Sports	
f) Admission	
g) Teaching learning	
h) General facilities	
I) Sexual Harassment	
J) Ragging	
K) Any other	

8) Grievance Description

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I.

hereby declare that the information provided above is correct. I shall be responsible for furnishing any wrong information.

Day and Date

Student Signature

