



Women's Grievances Cell

Grievance Form

Date :

1. Name of the Staff/Student : _____
2. Employee Id /RRN : _____
3. Degree (specializations) : _____
4. Year of Joining : _____
5. Hostel/Day scholars : _____
6. Mail id : _____ mob: _____
7. Grievances faced :

Signature

Office purpose:

Id No ____