

# Student Grievance Form

## Personal Details

Full Name \*

Enter Full Name

E-mail ID \*

Enter your active Email-ID

Gender \*

Select

Mobile No. \*

Enter your 10 digit mob

Roll No

Enter your Roll No

College

--select--

College can not be blank

Course \*

--select--

Course cannot be blank.

## Grievance Details

Grievance Category \*

--select--

Grievance Category cannot be blank.

Grievance Description (maximum 150 words) \*

Write in brief of your grievance.

Want to Upload Document ? \*

--select--

Document Upload must be an integer.

## Proposed Solution (Optional)

Proposed Solution (maximum 50 words)

Please write proposed solution.

## Declaration

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

**Please check the box \***

## Captcha Verification

Type the Text

**Wayduh**

\* Click on the text to change

Submit