

## **GRIEVANCE APPEAL FORM**

Name of Student (Optional)	
Faculty and Class	
Email ID	
Mobile No.	
Type of Grievance	
State your grievance in brief	
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I declare that the abovemen factual to the best of my know	tioned information provided by me is true and vledge
Date:	
Place:	
	Signature

Note: Enclose/Attach documentary proof, if any