Shri Shivaji Education Society Amravati's
Science College, Congress Nagar Nagpur

GREIVANCE FORM

Name of Students/Staff members_____

Class/Designation_____

Group: _____

Mobile Number: _____

Nature of Grievance:_____

_____

_____

_____

Undertaking:
I hereby declare that the information furnished above by me is true and accurate. Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious.

Signature of Student

Date: