

Swayam Siddhi College of Management & Research

Student Grievance Form

Date of Grievance:-_____

1. Name of the Student:-_____

2. Residential Address:-

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2. Roll No:-_____ Class:-_____ Semester:-

3. Mobile No:-_____ Email-ID:-_____

4. Nature of Grievance:- _____

a. Teaching

b. Administrative

c. Examination

d. Infrastructure

e. Other

5. Description of Grievance :-

6. Has the problem been reported earlier: - Yes No

Student Signature:- _____

Note : Please take printout of this form and drop it in the Complaint Box.

Helpline No:- 7566680009