



## STUDENTS' GRIEVANCE FORM

To be filled by the Applicant

Name (in full):

Department:

Semester:

CIN:

Address:

Pin Code:

Contact Number:

Email-Id:

Category:

i. Issues pertaining to Teaching-Learning and Internal Assessment	
ii. Issues pertaining to infrastructure	
iii. Issues pertaining to ragging	
iv. Issues pertaining to discrimination on the basis of Caste, Creed, Ethnicity, or Disability	
v. Hostel Related	
vi. For any other grievances not categorized above	

*(Kindly put a tick mark against the appropriate category)*

**Complaint Details** (kindly attach all the relevant documents supporting your complaint):

I hereby declare that the complaint being submitted by me is true and correct.

\_\_\_\_\_  
Full Signature of the Applicant with Date

Drop this form, duly filled, in the Grievance Box (placed outside the Principal's office, first floor near Room 10) or mail the scanned copy of this form to [studentsupport@sxccal.edu](mailto:studentsupport@sxccal.edu)