

Student Grievance Redressal Form

Name of the Student	
Roll no. / Registration Number	
UG/PG/Ph.D. (Please mention the current semester)	
College Name	
Department Name (For PG)	
Mailing Address	
Contact Number	
Email	
Grievances against (Student / Faculty / Staffs / Administrative offices / Senior Officers)	
Details of grievances / complaints with supporting documents if any	
Date and Time	
Signature	

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.

Full Signature of the Grievant

gandhinagaruni.ac.in

-- University Campus --

Khatraj-Kalol Road, Moti Bhoyan, Ta. Kalol, Dist. Gandhinagar, India-382721
Phone: 9904405900/01, Email: registrar@gandhinagaruni.ac.in

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