



HABIB EDUCATIONAL & WELFARE SOCEITY'S

**LATE KHATIJIA COLLEGE OF EDUCATION (B.ED)**  
**(MARATHI MEDIUM)**

At Devghar, Via Kudus, Tal. Wada, Dist. Palghar – 401204.

**GRIEVANCE REDRESSAL CELL**

**GRIEVANCE FORM**

Full Name \_\_\_\_\_

Course \_\_\_\_\_ Semester \_\_\_\_\_ Class \_\_\_\_\_ Division \_\_\_\_\_

Roll No. \_\_\_\_\_ PRN No. \_\_\_\_\_ Id.No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email-Id \_\_\_\_\_ Date of event occurred \_\_\_\_\_

Residential Address \_\_\_\_\_

Name of Teacher/s/Officer/s/Staff/Section/s/Departments against whom the complaint is to be

Nature of grievance/s in which redressal is sought (Write):-

**Declaration of Student/Complainant**

I/We hereby declare that the above information furnished by me/us is true to the best of my/our Knowledge. In case if it is turned false I/We am/are personally responsible for the punishment.

Date:

Place:

**Signature of Complainant**

**Note: -**

1. Attach the supporting documents, if any.
2. No incomplete / Anonymous Grievance will be entertained.
3. The complainant will be called for inquiry in front of the GRC Committee as if required.