

ALIPURDUAR MAHILA MAHAVIDYALAYA
GRIEVANCE REDRESSAL FORM

Name of the Student:

Subject:

Semester:

Write in detail your grievance (s)



Signature:

Place:

Date:

You may drop the filled in Grievance Redressal Form in the Complaint Box
Or
Submit the filled in Grievance Redressal Form to the Principal/Nodal Officer