

DEPARTMENT OF POLITICAL SCIENCE, UNIVERSITY OF KASHMIR-SRINAGAR
STUDENTS GRIEVANCE REDRESSAL CELL

GRIEVANCE FORM

First Name_____Middle Name_____Last Name_____

Course_____Semester_____Batch_____Roll No_____

Mobile No _____

Email-Id _____Date of Event occurred_____

Residential Address _____

Grievance against whom:

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. Complete form must be send at: **hodpoliticalscience@uok.edu.in**
4. The complainant will be called for inquiry in front of the Department Redressal Committee, If required.