



Bhartiya Gramin Punarrachna Sanstha's

# Srinath College of Pharmacy

## GRIEVANCE REDRESSAL APPLICATION

(To be submitted to In-charge of committee within 8 days of grievance)

**Application Date:**

**Name of Applicant (Aggrieved)-----**

**Class and Designation (if any) -----**

**Name of person/s against whom the grievance is raised-----**

**Class and Designation (if any) -----**

**Brief Description of Grievance (Please attach separate sheet if needed):**

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**Duration of grievance (Aggrieved period):**

**Documents attached as proof of grievance:**

**Date of meeting:**

**Recommendation of grievance Redressal committee: \_\_\_\_\_**

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\_\_\_\_\_  
\_\_\_\_\_

**Signature of members**

**Signature of Principal/Chairman of committee**