SHRI RAJASTHANI SEVA SANGH'S

Smt.Parmeshwaridevi Durgadutt Tibrewala(Lions Juhu) College of Arts,Commerce & Science

Shriniwas Bagarkar Marg, J.B. Nagar, Andheri (E), Mumbai-400059

Application for Redressal of Grievance/s to CGRC

To,

The Chairman,

SPDT Degree College Grievance Redressal Cell (CGRC),

Subject: Application for Redressal of Grievance/s

Respected Sir/Madam,

 $I/We \ am \ /are \ hereby \ forwarding \ my/our \ application \ for \ Redressal \ of \ Grievance/s. \ kindly \ accept \ it \ and \ do \ the \ furthe \ processing. \ My/our \ personal \ details \ and \ particulars \ about \ my/our \ grievances \ are \ as \ follows \ -$

1	T' AN CALCALA	
1.	First Name of the Student	
2.	Middle Name of the Student	
3.	Last Name of the Student	
4.	Department	
5.	Residential Address of the student	
6.	Permanent Address of the Student	
7.	Email Id of the Student	
8.	Mobile No. of the Student	
9.	What's App No. of the Student	
10.	Landline No. of the Student(If Any)	
11.	Faculty	Science and Technology
		(Science, Engineering, Pharmacy, Architecture)
		Commerce and Management
		(Commerce, Management)
		Arts
12.	Programmed of Study	UG
		PG
13.	Class	B.Com (F.Y/S.Y/T.Y)
		B.A. (F.Y/S.Y/T.Y)
		B.Sc.(IT) (F.Y/S.Y/T.Y)
		BMS(F.Y/S.Y/T.Y)
		BBI(F.Y/S.Y/T.Y)
		BFM(F.Y/S.Y/T.Y)
		M.Com(F.Y/S.Y)
		M.Sc.(IT) (F.Y/S.Y)
14.	Year of Study	First

		Second							
		Third							
15.	Semester	I							
		II							
		III							
		IV							
		V							
		VI							
16.	Roll. No.								
17.	PRN NO.								
18.	P.G./Ph.D./M.Phil. Registration No.								
	(Add Student Profile, if more no. of students Applying for Redressal of Grievance)								
19.	Name of the Teacher/s / Officer/s/ Staff /								
	Section/s Department/s against whom the								
	Complaint is to be Lodged								
20.	Nature of Grievance in which Redressal	Write							
	is Sought	Upload Word / PDF File							
21.	List of Supporting Documents Attached	Upload Word / PDF File/s							
	herewith								

Declaration from the Student/s

I/We hereby	y declar	e that th	ne above	informa	tion fur	nished by	y me/us	is true	to the	best o	of my/	our
knowledge.	In case	if it is t	urned fa	alse I/We	am/are	personal	lly respo	onsible	for the	e puni	shmer	nt.

Date:		
Place:		
	Signa	ature of the Student/s
	(Upl	oad Digital Signature)