NARAYAN INSTITUTE OF PHARMACY

Jamuhar, Sasaram, Rohtas, Bihar- 821305

Faculty/Staff Grievance Form

NAME **(IN CAPITAL LETTERS ONLY)**	
Employ Id	
Designation	
Email Id	
Contact Number	
Present Address	
Postal Address	
Grievance:	

DISCLAIMER: I hereby undertake that the information provided here by is up to the best of my knowledge and belief. I will be completely liable for any disciplinary action, if any false information furnished.

Signature of the Faculty/Staff
Date:

NOTE:

1. **Complaints/Grievances are required to be submitted in the above prescribed format (handwritten)**
2. **Form should be complete in all respects; incomplete forms will not be entertained (Maximum Words Limit 250).**
3. **Complainant will be contacted on given contact number only for the redressal of the grievance.**
4. **Complainant should retain a copy of the grievance with himself/herself.**
5. **Decision of the committee will be final and binding.**