



NARAYAN INSTITUTE OF PHARMACY

Jamuhar, Sasaram, Rohtas, Bihar- 821305

Student's Grievance Form

NAME (IN CAPITAL LETTERS ONLY)	
College Roll no. / Enrollment No	
Course	
Year of Admission	
Email Id	
Contact Number	
Present Address	
Postal Address	
Parent's/Guardian's name	
Parent's/Guardian's Contact no.	
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 Student

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.