



SNU
SISTER NIVEDITA
UNIVERSITY

DG 1/2, Action Area I, New Town, Kolkata, West Bengal -700156

GRIEVANCE REDRESSAL FORM

Name of the Applicant:	
Address for Communication:	
Contact No:	E-mail ID:

(Only for existing students)

Name:		
Student ID:	Registration Number:	
Department:	Program:	
Year of Admission:	Current Semester/Year : <i>(If final semester is over, then write 'Completed')</i>	ABC ID:

Type of Grievance *(Tick the appropriate box)*

- | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Academic Issues | <input type="checkbox"/> Administrative Issues |
| <input type="checkbox"/> Discrimination (Caste, Gender, Disability, etc.) | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Fee or Financial Issues | <input type="checkbox"/> Hostel or Campus Facilities |
| <input type="checkbox"/> Ragging | <input type="checkbox"/> Misbehaviour by Staff or Faculty Members |
| <input type="checkbox"/> Delay in Services (e.g., certificates, results) | <input type="checkbox"/> Other _____ |

Grievance Description

(Provide a detailed account of your grievance. Include dates, names of persons involved, etc.)

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Previous Steps Taken (if any)

- Have you reported this issue before? [] Yes [] No
- If yes, to whom and when? _____
- What was the outcome? _____

Attachments

(Check if attached)

- | | |
|----------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Relevant Emails / Communication | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> Photographs / Screenshots | <input type="checkbox"/> Written Statements |
| <input type="checkbox"/> Other: _____ | |

DECLARATION: I solemnly confirm that the information furnished by me is correct to the best of my knowledge and belief.

Place:

Date:

Signature on the Applicant:



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***** For office use only *****

- Date of receipt of the application:
- Name of the Grievance Redressal Officer:
- Discussion on Grievance Resolution:

- Whether aggrieved person is satisfied? ☐ Yes ☐ No
 - If yes,

Signature on the officer:

Signature on the aggrieved person:

- If no, the matter to be passed to Ombudsmen.
