DHABALESWAR INSTITUTE OF PHARMACY
STUDENT GRIEVANCE REDRESSAL FORM

Grievance No.		Date of Receipt	
Academic Year		Mode of Submission	☐ In Person ☐ Email ☐ Other

Instructions: Please provide complete and factual information. Attach supporting documents, if any. The grievance will be handled with appropriate confidentiality.

A. STUDENT DETAILS

Name of Student	Roll / Regn. No.
Programme / Course	Year / Semester
Mobile No.	Email ID
Address	Guardian Name & Contact

B. NATURE OF GRIEVANCE

☐ Academic / Teaching-Learning ☐ Examination / Evaluation ☐ Attendance ☐ Fees / Accounts ☐ Scholarship ☐ Library / Laboratory

☐ Infrastructure / Facilities ☐ Discipline / Conduct ☐ Student Services ☐ Harassment / Discrimination / Ragging ☐ Other: _____

C. DETAILS OF GRIEVANCE

Brief description of grievance (mention relevant dates, persons/departments involved, and facts):

Steps already taken / person(s) approached, if any:

Relief / resolution requested by the student:

Supporting documents attached: ☐ No ☐ Yes If yes, specify: _____

Declaration: I hereby declare that the information provided above is true and correct to the best of my knowledge.

Student Signature | Date | Place

D. FOR OFFICE / GRIEVANCE REDRESSAL COMMITTEE USE ONLY

Grievance received by		Date	
Forwarded to		Date	
Status	☐ Pending ☐ Under Review ☐ Resolved	Date of Resolution	
Action / remarks		Reference / File No.	

Signature of Grievance Redressal Committee Convener

Signature of Principal / Authorized Signatory

Principal
Dhabaleswar Institute of Pharmacy