



Ministry of Micro, Small and Medium Enterprises,
Government of India



Student Grievance Redressal Form (General)

Grievant Information

Student's Name: _____ Date: _____

Father's/Guardian's Name: _____

Course: _____ Institute: _____

Email ID: _____ Mobile/Phone: _____

Residential Address:

Permanent Address:

Date, time and place of event leading to grievance:

Detailed account of occurrence (include names of persons involved, if any):

State policies, guidelines or procedures you think have been violated:

Proposed solution to grievance:

State previous level of effort undertaken by you at college management level:

State the outcome of above and why that is not acceptable to you:

State why do you think an informal resolution is not possible:

The information that I am submitting here is factual and without any exaggeration.

Signature: _____ (signature of the student)

Received by: _____ (name and signature)

For office use only

Grievance Level Recommended (check one):

1. Another attempt at Informal Resolution ____
2. Senior Management of College/Institute ____
3. Grievance Redressal Committee Panel Review ____

Kindly email this Form at cttc-msme@gov.in after filling.