

GRIEVANCE AND REDRESSAL CELL (Session 2026-2027)

Sr. No.	Name of faculty	Designation
1	Prof.P.P Jaiswal	Principal/Chairman
2	Asstt. Prof. R.N Gaikwad	Coordinator
3	Dr.G.D Kale	Member
4	Dr.Swati Tathod	Member
5	Namdeo Bhadange	Member
6	Ashlesha Belkhede	Student Representative

GRIEVANCE AND REDRESSAL FORM

Name of the Institution: _____
Department: _____

1. Personal Details

Name of the Complainant: _____
Designation (Student/Staff/Other): _____
Class / Department (if student): _____
Contact Number: _____
Email ID: _____

2. Details of Grievance

Date of Complaint: _____
Nature of Grievance: Academic / Administrative / Examination / Harassment / Infrastructure / Other

3. Description of Grievance

4. Supporting Documents (if any)

5. Suggested Solution (if any)

6. Declaration

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

Signature of Complainant: _____
Date: _____

For Office Use Only

Grievance Received By: _____
Date of Receipt: _____
Action Taken: _____
Remarks: _____
Status: Pending / Resolved
Signature of Authority: _____