Grievance Redressal Cell (Session- 2026-27)

Aim

To provide a **fair, transparent, accessible, and time-bound mechanism** for the redressal of grievances of students and staff, ensuring justice, accountability, and a conducive academic environment in accordance with the **University Grants Commission (UGC) Act, 1956**, the **UGC (Redress of Grievances of Students) Regulations, 2023** (as amended from time to time), Government directives, and the statutes and regulations of the affiliating university.

Objectives of the Grievance Redressal Cell (as per UGC Guidelines)

1. To provide a fair, transparent, and accessible mechanism for redressal of grievances of students and staff.
2. To receive, examine, and resolve grievances promptly and impartially.
3. To ensure a safe, respectful, and discrimination-free academic environment.
4. To maintain confidentiality while handling grievances and protect the interests of the complainant.
5. To recommend appropriate corrective and preventive measures for effective grievance resolution.
6. To promote harmony, accountability, and good governance within the institution.

Grievance Redressal Cell – Committee Members

Sr. No.	Name	Designation	Representative
1	Dr. Y. U. Naner	Coordinator	Faculty Representative
2	Dr. G. D. Kale	Member	Faculty Representative
3	Prof. Bhavana M. Tayde	Member	Female Faculty Representative
4	Mr. Vivek Varhade	Member	Student Representative
5	Mr. Vinod Deshmukh	Member	Non-Teaching Staff Representative

GRIEVANCE AND REDRESSAL FORM

Shri. Vitthal Rukhmini Art's, Commerce & Science College, Sawana, Tq. Mahagoan, Dist. Yavtmal

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: _____