SAMBALPUR UNIVERSITY

JYOTI VIHAR, BURLA, SAMBALPUR-768019, ODISHA

[Form-I]
Student Grievance Redressal

Name of the Student	
Roll no. / Registration Number	
UG/PG/Ph.D. (Please mention the current semester)	
College Name	
Department Name (For PG)	
Mailing Address	
Contact Number	
Email	
Grievances against (Student/ Faculty/ Staffs/ Administrative offices/ Senior Officers)	
Details of grievances/complaints with supporting documents (if any)	
Date and Time	
Signature	

UNDERTAKING

I hereby declare that the information furnished above by me is true and accurate. Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious.

Full Signature of the Grievant