



GRIEVANCE FORM
DR. DAYARAM PATEL PHARMACY COLLEGE BARDOLI
Application for Grievance Redressal

Name of student _____

Enrolment No. _____ Class _____

Mobile No. _____ Email id _____

Details of Grievance*

*Attach separate sheet if required

Comments of Chair Person:

Student's Sign _____

Date _____

Sign:

Date:

Received by _____

Grievance No. _____