ABACUS INSTITUTE OF ENGINEERING AND MANAGEMENT

STUDENT GRIEVANCE REDRESSAL FORM

NAME OF STUDENT:			
YEAR:	SEMESTER:	DEPARTMEN	IT:
CONTACT NO:		E-MAIL ID :	
NATURE OF GRIEVANO	CE:	(ACADEMIC/ADMI	NISTRATIVE)
GRIEVANCE AGAINST	WHOM:		
SUBJECT:			
DETAILS OF THE GRIEV	/ANCE:		
DO YOU WANT TO UP	LOAD ANY SUPPORTII	NG DOCUMENTS:(YES/NO)
IF YES THEN ATTACH T	THE FILE IN THE BELOV	W MENTIONED MAIL ID.	
DECLARATION: THIS IS MY KNOWLEDGE .	TO DECLARE THAT TI	HE INFORMATION SUBMITTE	D ABOVE IS TRUE AND BEST TO
I AGREE			
DATE:			
PLACE:			SIGNATURE OF STUDENT

NOTE: SEND THIS FILLED UP FORM WITH SUPPORTING DOCUMENTS IN principal_abacus@jisgroup.org.