

SANKRAIL ANIL BISWAS SMRITI MAHAVIDYALAYA
GRIVANCE REDRESSAL FORMAT

Name of the Complainant _____

Designation (If Any) _____

Place of Work(Department) _____

Nature of the Complain _____

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.

Signature of the Complainant:

Date: