



B.L.D.E Association's



College of Pharmacy, Jamkhandi

STUDENTS GRIEVANCE FORM

Name of the student: _____

Registration number: _____

E mail address : _____

Mobile number : _____

Type of Grievance : Academic Non academic Discrimination

In the space below, state your grievance. Be as specific as possible. If this is an academic grievance, please give the faculty's name, and department.

Note: Hardcopy of the Grievance form is to be filled by the student and it should be submitted to Principal.