

GRIEVANCE REDRESSAL FORM – CERTIFICATES RELATED ISSUES

(to be filled in block letters and signed by the concerned candidate only

S.No :		Date:
• Name(as per certificates)	:	
• Roll Number	:	
• Program & Section	:	
• Father's Name	:	
• Mother's Name	:	
• Date of Birth	:	
• Contact No & Email Id	:	
• Applying for		
☐ Transcripts (Student/Pa	rents/Surname)	☐ Transfer Certificate (Caste/DoB/Religion)
Grade / Result		Others:
• Reason:		
		Signature of the Candidate
	Acknov	vledgement Slip
For office use at the Counter		
Received sign with Date :	CoE Sign with Date:	Section In-Charge sign with Date:
with Date:	with Date:	with Date:
To be filled by the Candidate wh	ile collecting:	
		received the following Original Certificate(s)
	•••••••••••••••••••••••••••••••••••••••	
Date :		Signature of the Candidate

Note: Submit original certificate for correction and copy of relevant document.