



Shri Krishna Bahuudeshiya Samajsevi Sanstha's, Osmanabad

COLLEGE OF EDUCATION (B.ED)

Dharashiv (Osmanabad) 413501

Criteria V : Student Support And Progression

Key Indicator : 5.1 Student Support

5.1.3 : The institution has a transparent mechanism for timely redressal of student grievances including sexual harassment and ragging cases such as

Samples of grievance submitted offline

Shrikrushna Bahuddeshiya Samgsevi sanstha, Osmanabad.

College Of Education , Osmanabad.

Dandnaik building, Barshi naka, Osmanabad. -413501

Application For Redressal of Grievances to CGRC

To,

The Chairman,

Grievance of Redressal

College of Osmanabad.

Subject – Application for Redressal of Grievance/s

Respected Sir/Madam,

I/We am /are hereby forwarding my/our Application for Redressal of Grievance/s. Kindly accepts it and do the further processing . My/our personal details and particulars about my/our grievances are as follows—

1	First Name of the Student	
2	Middle Name of the Student	
3	Last Name of the Student	
4	Residential address of the student	
5	Permanent address of the student	
6	Email Id of the student	
7	Mobile No. Of the Student	
8	What's App No. of the student	
9	Landline No. of the student [If any]	
10	Faculty	Bachelor of Education
11	Programmed of Study	UG
12	Class	B.Ed-I B.Ed.- II
13	Year of Study	First Second
14	semester	I II III IV
15	Roll No.	
16	PRN No.	



[Add Student Profile , if more no. of students Applying for Redressal of Grievance]

17	Name of the Teacher/s Officers /s Staff / Section/s Department/s against whom the Complaint is to be Lodged	
18	Nature of Grievance in which Redressal is Sought	Write Upload Word / PDF File
19	List of Supporting Documents Attached herewith	Upload Word /PDF / File/s

Declaration from the Student/s

I/We hereby declare that the above information furnished by me /us is true to the best of my/ our knowledge . In case if it is turned false I/We am/ are personally responsible for the punishment.

Date:

Signature of the Student/s

Place:

[Upload Digital Signature]



Shrikrushna bahuddesiya samgsevi sanstha,osmanabad

College of education, Osmanabad.

Internal Complaint Committee

STUDENT GRIEVANCE REPORT FROM

Date :		
Name of Grievance:		
Worksite :		
Home phone No.	Mob NO.	Office phone no.
Statement of Grievance :		
Relief Sought:		
Request Meeting []Yes { } No If yes , Meeting schedule -----		
Grievent's signature : -----		Date : -----
Received By -----		Date : -----



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