GANDHI SHIKSHAN BHAVAN'S Smt. SURAJBA college of education Juhu north <u>Mumbai 400049</u>

## GRIEVANCE REDRESSAL FORM SC/ST CELL COMMITTEE

Name of the Applicant:

Mobile Number:

Address:

Brief about Grievance:

Details about Grievance:

Signature:\_\_\_\_\_

Date :\_\_\_\_\_



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