

SRI MANAKULA VINAYAGAR NURSING COLLEGE

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STUDENTS GRIVENCE FORM

Date:
Types Of Grievance: Hostel, Academic Hospital Intrapersonal /others (tick your grievance)
Describe your grievance in detail (if required, if required separate page can be attached).
Any Suggestion:
Details of the students (optional):
(Name and Mobile Number):
Office use only
Received date:
Disussed on :
Action take on :
Date when student was informed about outcome/ action taken:
Action taken report :
SGRC Chairperson signature :