

## Appeal form for Grievance Redressal of student to Ombudsperson

To

Ombudsperson,

**Subject: Appeal regarding Redressal of Grievance**

Name	
Batch	
Department	
Programme of Study	
Student Roll Number	
Contact Number	
Email ID	
Place of Residence (City and State)	

**a) Brief Statement regarding Grievance**

Please Attach Annexure
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**b) Have student approach to Departmental Grievance Redressal Committee and Student Grievance Redressal Committee of the University Yes/No: \_\_\_\_\_**

**c) Brief Statement regarding decision obtained from the Departmental Grievance Redressal Committee and Student Grievance Redressal Committee.**

Please Attach Annexure
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Date

Signature