CHAMAN LAL COLLEGE OF PHARMACY

Student's Grievance Form

NAME **(IN CAPITAL LETTERS ONLY)**	
COLLEGE ROLL NO. **(Please attach a copy of College Identity Card)**	
COURSE	
YEAR OF ADMISSION	
EMAIL ID	
CONTACT NUMBER	
ADDRESS	
PARENT'S/GUARDIAN'S NAME WITH CONTACT NO,	
GRIEVANCE:	

DISCLAIMER: I hereby undertake that the information provided hereby is up to the best of my knowledge and belief. I will be completely liable for any disciplinary action, if any false information furnished.

SIGNATURE OF THE STUDENT **Complaints/Grievances in charge**

NOTE:

1. **Complaints/Grievances are required to be submitted in the above prescribed format (handwritten) after downloading from the college website only (with relevant documents/proof). Form should be complete in all respects; incomplete forms will not be entertained (Maximum Words Limit 250).**
2. **Decision of the committee will be final and binding.**
3. **Complaints/Grievances in charge – Mr. Ankit & Miss Sudha (Faculty CCOP)**