



SUBBALAKSHMI LAKSHMIPATHY COLLEGE OF SCIENCE
An Autonomous Institution

Affiliated to the Madurai Kamaraj University and Re-Accredited with 'B+' Grade by NAAC
TVR Nagar, Aruppukottai Road, Madurai – 625 022, Tamilnadu

GRIEVANCE REDERESSAL COMMITTEE

Website: www.slcs.edu.in

Email-id : grievances@slcs.edu.in

Date:

STUDENT GRIEVANCE FORM

- 1) Student Name : _____ Register No. : _____
2) Programme Name : _____ Year : I / II / III
3) Academic Year : _____ Semester : _____
4) Mobile No. : _____ Whatsappno : _____
5) E-mail-Id(Personal) : _____ E-mail-Id(College): _____
6) Area of Grievance : General
Curriculum Teaching, Learning
Examination

7) Date of the Problem or Incident : _____

8) Details of the grievance:

- * **General Grievance** : Infrastructure, Anti-Ragging etc.
* **Curriculum Teaching, Learning Grievance** : Resource, Teaching and Learning methodology etc.
* **Examination Grievance** : Revaluation, Retotalling, Transparency etc.

Student Signature with Date

For Committee Use Only

- 1) Has the Problem been reported : Yes No
- 2) Action Taken or Outcome of the Report : _____

Coordinator

Principal