

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**

**Website:** [**www.slcs.edu.in**](http://www.slcs.edu.in/)

**GRIEVANCE REDERESSAL COMMITTEE**

**Email-id :** **grievances@slcs.edu.in**

# Date:

**STUDENT GRIEVANCE FORM**

1. Student Name :
2. Programme Name :
3. Academic Year :
4. Mobile No. :

Register No. Year Semester Whatsappno

:

: I / II / III

:

:

1. E-mail-Id(Personal) :
2. Area of Grievance : General

Curriculum Teaching, Learning

E-mail-Id(College):

Examination

1. Date of the Problem or Incident :
2. 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**