

StudentGrievanceRedressalform (UGC) Office of the DSW, Bihar Agricultural University, Sabour Bhagalpur

Name of the Student
Roll no. / Registration Number
UG/PG/Ph.D.
(Please mention the current semester)
College Name
Department Name (For PG)
MailingAddress
Contact Number
Email
Grievances against (Student / Faculty /
Staffs / Administrative offices / Senior Officers)
Details ofgrievances/complaints withsupportingdocumentsifany
Date and Time
Signature

UNDERTAKING

I hereby declare that the information furnished above by me is true and accurate. Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious.

Full Signature of the Grievant