KM COLLEGE OF TEACHER EDUCATION

Valillapuzha, Areekode, Malappuram – 673639
(Affiliated to University of Calicut & Recognised by NCTE)

STUDENT GRIEVANCE REDRESSAL FORM

CONFIDENTIAL

1. Name of Student:			
2. Course / Semester:		**Roll No.:**	
3. Register No.:			
4. Contact Number:			

5. NATURE OF GRIEVANCE

■ Internal Marks / Continuous Assessment	■ Attendance
■ Examination / Result	■ Assignment / Seminar / Practicum
■ Academic / Teaching-Learning	■ Timetable / Class-related
■ Library / Laboratory / ICT Facilities	■ Infrastructure / Campus Facilities
■ Scholarship / Fee-related	■ Staff-related
■ Other: _____	

6. Date / Period:		**Subject / Paper:**	
7. Description of the Grievance:			
8. Supporting Documents / Evidence, if any:			

9. RELIEF / ACTION REQUESTED

I declare that the information provided above is true to the best of my knowledge and request the Grievance Redressal Committee to consider my grievance and take appropriate action.

Date: _____ Signature of Student: _____

FOR GRIEVANCE REDRESSAL COMMITTEE USE

Grievance No.:		**Date Received:**	

Action Taken:			
Decision / Remarks:			
Date of Disposal:		**Status:**	■ Resolved ■ Pending
Signature of Committee Member:			
Signature of Principal:			