



# **KESHARI SHIKSHAN SAMITI**

**(B.Ed. College)**

**Khokhara Distt- Janjgir-Champa (C.G.)**

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## **STUDENT GRIEVANCE**

### **Personal Information of the Complainant**

**Student's Name** : \_\_\_\_\_  
**Class** : \_\_\_\_\_  
**Roll. No.** : \_\_\_\_\_  
**D.O.B.** : \_\_\_\_\_  
**Contact No.** : \_\_\_\_\_  
**Category** : \_\_\_\_\_  
**Father's Name** : \_\_\_\_\_  
**Occupation** : \_\_\_\_\_  
**Educational Qualification** : \_\_\_\_\_  
**Mother's Name** : \_\_\_\_\_  
**Occupation** : \_\_\_\_\_  
**Educational Qualification** : \_\_\_\_\_  
  
**Any other important feature** : \_\_\_\_\_  
**Nature of Family** : \_\_\_\_\_  
**(Joint/Nuclear)**  
**Marital Status** : \_\_\_\_\_  
**Medical History** : \_\_\_\_\_  
**Treatment if any** : \_\_\_\_\_

**Signature of Complainant**

**Nature of Complaint**.....  
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**Date**.....**Time**..... **Place**.....

**Witness, if any**.....

**First Meeting**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Statement /Issue/Problem of the Candidate**

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**Suggestions by the Mentor**

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**Second Meeting**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Feedback**

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**Diagnosis of the Problem**

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**Treatment**

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**Third Meeting**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Follow up** \_\_\_\_\_

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**Suggestion and Recommendations**

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Signature of the Coordinator /Teacher Incharge.....Date.....

Signature of the Head of the Institute.....Date.....