

**M. S. Ramaiah University of Applied Sciences
Bangalore – 560054**

Student Grievance Form

Student Details	
Name of the Student	
Student ID	
Programme	
Semester/ Year	
Grievance Details	
Date of filing	
Signature of the Student	

Grievance Redressal	
Action taken	
Details of Student Grievance and Redressal Committee with date	
Proceedings of the committee meeting with date	
Recommendation of the committee	
Action plans	

Signature of Secretary of the Committee

Signature of the Chairman of the Committee

Date: