CALL US: (0231) 2535704

@ EMAIL: cncvcw@siberindia.edu.in

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Students' Grievance Cel

Students' Grievance Cell

* Required

- 1. Applicant's Name (अर्जदार): *
- 2. Class(वर्ग):*
- 3. Roll No. (रोल नंबर): *
- 4. Applicant's Present Address(अर्जदाराचा सध्याचा पत्ता) : *
- 5. Mobile No.(मोबाइल नंबर): *
- Name of the person against whom the complaint is lodged(तक्रार कोणाच्या विरोधात त्याचे नाव किंवा त्याबाबतचा तपशील):*
- 7. Nature of complaint (सविस्तर तक्रार / स्वरूप): *

