



Student's Grievance Form

Quick Enquiry Form

Email: _____ Mobile No.: _____

First Name: _____ Last Name: _____

Course: (B.Pharm/M.Pharm/Pharm.D/Pharm.D (PB),D.Pharm) _____

Enrollment No.: _____

Application No. (For office use only): _____

Priority: (Low/Medium/High) _____

Grievance Type:

(Admission/ Account/ Departmental/ Exam/ Library /Scholarship /Training & Placement/Transportation)

Grievance Description: _____

*Please Attach a supporting Document (if necessary)

Date: _____

Student Signature: _____

Student Name: _____