

GOKHALE EDUCATION SOCIETY'S
B.Y.K. (Sinnar) College of Commerce
Student Grievance Form

Date:

Name of the Student: -----

PRN Number : -----

Email Address :-----

Contact No :-----

Gender:

Male	Female	Other

Faculty:

B.Com	BBA	BBA (CA)	BBA (IB)	M. Com

Year : -----

Division :-----

Roll No :-----

Please indicate type of grievance:

- Academic
- Non- Academic
- Discrimination

Grievance:

Students Signature

Please take a printout and fill all the details carefully. Drop it in drop box located in library and college office.