

Grievance Redressal Committee

Sr. No	Name of the Committee Members	
1	Dr. Mangesh Kadam Assistant Director	Chair Person
2	Dr. Shubham Sonawane Assistant Registrar	Convener
3	Mrs. Kalpana Sawant	Section Officer
4	Dr. Falguni Vahanwala Assistant Professor	Member
5	Mrs. Malti Shinde	Supporting Staff

S.N.D.T. Women's University
Center for Distance and Online Education
Manual Application form for Grievance

To
The Director
Center for Distance and Online Education

1. Name - _____
(Surname) (First Name) (Father /Husband Name)

2. Mother Name : _____

3. i) Female ii) Trans Gender (Give \checkmark this mark to Suitable Alternative)

4. Physically Handicapped: i) Yes ii) No (Give ' \checkmark ' Mark in appropriate Box)

5. Address for Communication : _____

Mobile No:

Pin Code :

Email Id : _____

6. Course Details : BA/ B.COM/MA/M.COM/BMM/BMS/Professional Course

7. Alternative PRN No : _____

Name of Study Center : _____

8. Grievance Related To : (Give \checkmark this mark to Suitable Alternative)

Administrative <input type="checkbox"/>	Academic <input type="checkbox"/>	Examination <input type="checkbox"/>	Other <input type="checkbox"/>
1. Admission <input type="checkbox"/>	1. Contact Session <input type="checkbox"/>	1. Pre Exam	
2. Study Center <input type="checkbox"/>	2. Self Instructional Material <input type="checkbox"/>	Exam Form <input type="checkbox"/>	
	3. Passing Certificate <input type="checkbox"/>	Hall Ticket <input type="checkbox"/>	
		2. During Exam	<input type="checkbox"/>
		Exam Center <input type="checkbox"/>	
		Question paper related <input type="checkbox"/>	
		3. After Exam	
		Result <input type="checkbox"/>	

8. Describe your Grievance (It is Mandatory)
(Attach Concern/Appropriate Documents related to your Grievance).

9. Provide expected solution over your Grievance (It is Mandatory).

10. Details of Documents attached.

Signature of the Applicant