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| **Vivekanand Arts, Sardar Dalipsingh Commerce & Science College, Aurangabad** |
| Form No.: IQAC/FM/Convener/Criterion-VI/305 |

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| **IQAC** |

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| **Faculty Grievance Redressal Cell** |

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| **Name of Teacher:** ……………………………… **Department:** ……….……………………….  **Date:** ………………………………………….… **Academic Year:** …………………………… |

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| **Please write about your grievances/suggestions (if any) here:** …………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  **Signature of faculty** |