**APPLICATION FOR REDRESSAL OF GRIEVANCE**

To,

**Internal Grievance Redressal Cell, Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **NAME OF THE APPLICANT/COMPLAINANT:** -------------------------------------------------

2. **FULL ADDRESS OF THE APPLICANT/COMPLAINANT:** -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

EMAIL ID:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

3. **DETAILS OF THE GRIEVANCE:**

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4. **STATUS OF ACTION TAKEN BY REPRESENTATIVE BASED ON YOUR COMPLAINT**

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Yours faithfully,

(Signature)

(Name in block letter)