

AL -AZHAR DENTAL COLLEGE

STUDENTS GRIEVANCE REDRESSAL FORM

The form is to be submitted by the student to the Grievance Redressal cell .

Type of complaint (tick the appropriate option)	Provide the specific details of the complaint
A. Admission policy B. Prospectus C. Certificate denial D. Fees related E. Reservation F. Discrimination of students G. Scholarships H. Examination and results I. Student amenities J. Teaching K. Evaluation process L. Posting M. Attendance N. Stipend O. Clinical work P. Any harassment by a colleague/ faculty or non- teaching staff Q. Hostel issues R. Mess problems S. Any other personal problems	

PARTICULARS OF THE STUDENTS (TO BE FILLED BY THE CANDIDATE)	
NAME OF STUDENT / Anonymous	
YEAR	
COURSE	
SIGNATURE AND DATE	

To be filled by the Office of Grievance Redressal Committee

1. Complaint received on : Date –
2. Comments of Grievance Redressal cell

Signature

Date



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha -685 605