

SCHOLAR B.ED. COLLEGE, BANHATTI, MOTILED A, GIRIDIH

GRIEVANCE FORM
Online/offline

SESSION: -

DATE: -

PERSONAL DETAILS:-

NAME: -

GENDER:-

EMAIL ID: -

MOBILE NO.:-

ADDRESS: -

COURSE/DEPT.:-

DESCRIPTION:-

UPLOAD DOCUMENT ONLINE MODE THROUGH

E-MAIL: scholar.bed@gmail.com /Whatsapp No: 9234056441, 9431145000

DECLARATION:

I hereby declare that the information/document provided above is correct. I shall be responsible for furnishing any wrong information document.

Signature: