



**SREE SARASWATHI THYAGARAJA COLLEGE (AUTONOMOUS)  
THIPPAMPATTI, POLLACHI - 642 107**

**Student Grievance Form**

Date:

Place:

**From**

Register No : .....

Name : .....

Class : .....

Sree Saraswathi Thyagaraja College,  
Pollachi – 642 107

**To**

The Principal / Examination-in-charge,  
Sree Saraswathi Thyagaraja College,  
Pollachi – 642 107

**Through:** 1. Head of the Department,  
Department of .....,  
Sree Saraswathi Thyagaraja College,  
Pollachi – 642 107

2. Dean of the Department  
Faculty of .....,  
Sree Saraswathi Thyagaraja College,  
Pollachi – 642 107

**Respected Sir / Madam,**

Sub: ..... - reg.

**NATURE OF GRIEVANCE:**

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.....  
.....

Thanking you,

Yours Truly,

Signature

**Forwarded by:**

**1. HOD with comments / recommendation**

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**2. Dean with comments / recommendation**

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**3. Signature and Directions of the Principal**

.....

**4. Controller of Examinations:**

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