Gyanoday College of Education Janjgir

Akaltara Road Janjgir, Distt- Janjgir-Champa (C.G.)

Contact No: 94252-30437

E-Mail:sureshyadavsky27@gmail.com Website:http://www.gyanodaycollege.com

ANTI-RAGGING COMPLAINT CELL

Personal Information of the Complainant

Student's Name : _____

Class : _____

Roll. No. : _____

D.O.B. : _____ ___

Contact No. : _____

Category : _____

Father's Name : _____

Occupation : _____

Educational Qualification : _____

Mother's Name : _____

Occupation : _____

Any other important feature : _____

Nature of Family : _____

(Joint/Nuclear)

Marital Status : _____

Medical History : _____

Treatment if any : _____

Signature of Complainant

Nature of Complaint…….

…….

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…….

Date……Time…… Place…….

Witness, if any……..

First Meeting **Date: _____** **Time: _____**

Statement /Issue/Problem of the Candidate

Suggestions by the CELL

_____

_____

Second Meeting **Date: _____** **Time: _____**

Feedback

_____

_____

Diagnosis of the Problem

Treatment/ACTION

Third Meeting **Date: _____** **Time: _____**

Follow up _____

_____

Suggestion and Recommendations

Signature of the Coordinator /Teacher Incharge……Date……

Signature of the Head of the Institute……Date……