

## Student Grievance Application Form

Date    /    /

To,

The Chairman  
Student Grievance Cell  
Kalikadevi ACS College, Shirur Kasar  
Tq. Shirur Kasar Dist. Beed

**Subject** – Regarding the my problem

**Respected Sir/ Madam,**

I am studying in B.A./ B.Sc./B.Com. I/ II/ III Year M.A. , M.Com. I / II Year in our college my name is ----- My Role No is ----- . I have a problem -----  
----- I am suffering from last 5/10/15 days.

So please kindly solve my problem this is my humble request to you.  
Thanking you.

Yours

Name of student  
Class  
Role No.