

# SANT BABA BHAG SINGH UNIVERSITY

## STUDENT GRIEVANCE REGISTRATION FORM

### Student Personal Details

Student Name	<input type="text" value="Enter Student Name"/>	Registration No	<input type="text" value="Enter Registration No."/>
Email Id	<input type="text" value="Enter Email Id"/>	Gender	<input type="text" value="Select Gender"/>
Mobile No.	<input type="text" value="Enter Mobile No."/>	Institute	<input type="text" value="Enter Institute Name"/>
Department	<input type="text" value="Enter Department Name"/>	Programme	<input type="text" value="Enter Programme Name"/>

### Grievance Details

Departmental Level	<input type="text" value="Select Grievance Category"/>	University Level	<input type="text" value="Select Grievance Category"/>
Grievance Description Max(500 characters)	<input type="text"/>		

Attachment

No file chosen

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*Registrar*  
Registrar  
Sant Baba Bhag Singh University  
VIII-Khiala, Jalandhar-144030

