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### Grievance Form

Grievance Type *	Student ID:	Student Name:	Current Year of Study:	Contact No.	Email
SELECT	17/MT CSE 005	ARUN KUMAR	3RD SEM	895525899	ARUN.NOKHWAL@GMAIL.CO
Complaint Heading *					
Complaint Message *					
Image Attachment [ Choose File ] No file chosen or image					

10 records per page Search:

ID No.	Grievance Type	Date	Contact	Message	Attachment	Solution	Action
No Data Available in Table							

Showing 0 to 0 of 0 entries

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