



# Swami Vivekananda Yoga Anusandhana Samsthana

## Students' Grievance Form

(Students' welfare committee)

Date: DD / MM /20YY

Program name: ..... Semester / Year: ....., Extension

Sex: Male, Female, Age: ..... Nationality: Indian, Foreigner

Nature of grievance: Academics Food Accommodation  
Administration Campus development Others (Specify) .....

### Brief description of your grievance:

.....  
.....  
.....

### Optional

Name: ..... Mobile No: .....

Hostel Name: ..... Floor: ..... Room no: .....