

GRIEVANCE FORM

To,

The Dy. Registrar (Academic)
Dr. Panjabrao Deshmukh Krishi Vidyapeeth, Akola

Application Form No. _____

Name of candidate: _____

(First Name)

(Middle Name)

(Surname)

Details of grievance:

Place:

Date:

(Signature of Candidate)

Important Instructions to Candidate

- 1) **No grievances/ arguments of the candidates will be entertained**, if he / she fails to get the claim by his / her own negligence, late submission of form or his / her personal and any other reason.
 - 2) Grievances received late will not be considered in any case.
 - 3) No additional or new document will be accepted in support of any claim.
 - 4) Revised last date of submission of grievances is **14/8/2013 up to 5.00 PM.**
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