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ONI	INE GRIEVANCE REDRESSAL	
FOR STAFF	FOR STUDENT	
Name *	Name ™	
Gender ^{**} ○ Male ○ Female	Gender * ○ Male ○ Female	
Department *	Department *	
Designation **	Class * Roll No. *	
	Application 1D ≈	
Mail **	Application 10	
Contact Number *	Mail **	
Please specify type of grievance *	Contact Number *	
Submit Form Reset Form	Please specify type of grievance **	
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