

UNIVERSITY COLLEGE OF MEDICAL SCEINCES  
(UNIVERSITY OF DELHI)  
DILSHAD GARDE, DELHI-95

APPLICATION FORMAT TO LODGE THE GRIEVANCE/COMPLAINT BY THE STUDENTS

TO:

THE PRINCIPAL,  
UCMS.

1. NAME OF THE STUDENT \_\_\_\_\_
2. FATHER's NAME \_\_\_\_\_
3. PRESENT RESIDENTIAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_
4. CONTACT No. \_\_\_\_\_
5. E.mail. ADDRESS \_\_\_\_\_
6. NAME OF THE COURSE PERSUING \_\_\_\_\_
7. YEAR OF ADMISSION \_\_\_\_\_
8. PRESENT SEMESTER \_\_\_\_\_

**SPECIFIC DETAILS OF GRIEVANCES/COMPLAINT**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOURS OBEDIENTLY

(Name of the complainant)

PLACE \_\_\_\_\_

DATE \_\_\_\_\_