

DISHA INSTITUTE OF PROFESIONAL STUDIES

(STUDENT COMPLAINT FORM)

STUDENT NAME:-.....

FATHER NAME:-.....

COURSE:-.....

SESSION:-.....

COMPLAIN IN DEPARTMENT:- HR () FINANCE AND ACCOUNT ()

DMC SECTION () ACADEMIC SECTION () SPORTS SECTION ()

TRAINING & PLACEMENT SECTION ()

Student Complaint Box:-

Authorized Signatory

Student Signature

DIPS