

Excel Technical Campus
Grievance Form

Date:

College Name			
Name of the Faculty			
Employee Code			
Designation			
Department			
Grievance Date		Status in Wallet HR	
Reason			

Faculty Signature

HoD

Principal

Excel Technical Campus
Grievance Form

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Principal

Excel Technical Campus
Grievance - Consolidated Report

College Name:

Date:

S.No	Employee Code	Faculty Name	Dept.	Grievance Date	Change Request
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Prepared By

Principal

ED

HR

VC/Chairman