

CHANAKYA TEACHERS TRAINING COLLEGE MADHUPUR
GRIEVANCE FORM
ONLINE/OFFLINE

SESSION : _____ DATE : _____

PERSONAL DETAILS :-

Name : _____ COURSE/DEPT. : _____

Email Id : _____ Mobile No : _____

Address : _____

DESCRIPTION :-

UPLOAD DOCUMENT ONLINE MODE THROUGH

Email-Id : cttcmadhupur@gmail.com Whats app no :-8709410688

DECLARATON :

I hereby declare that the information/document provided above is correct. I shall be responsible for furnishing any wrong information/document.

Signature