



**Appeal Form
Office of the Ombudsperson**

I. Please share the following details:

Name	
School	
Programme	
Batch	
Roll No	
Email Address	
Contact Number	

II. Briefly share relevant information pertaining to the nature of grievance(s) for which redressal is being sought:

III. Mention details regarding the internal mechanisms availed within the University to address/resolve your grievance(s) and the results:

Date:

Signature: