



Student Grievance Form

1. Student Details:

Name:

Registration ID:

Course:

Contact Number:

Email Address:

2. Grievance Details:

Describe the issue/problem:

.....
.....
.....
.....

3. Supporting Documents:

Please attach relevant documents, if any.

4. Declaration:

I hereby declare that the information provided is true and accurate to the best of my knowledge.

Signature:

Date:

Place:



Head Office:
Ratanpurhat, Biswas Medical
Centre Samsi, Ratua, Malda



+ 91 9733600770
+ 91 7001951512



www.nctaindia.in



Corporate Office:
Near Chingrighata Crossing
EA Block 177, Sector IV, Salt Lake,
Kolkata, West Bengal, 700105