**ALL INDIA INSTITUTE OF SPEECH & HEARING: MYSORE-6**

**GRIEVANCE CELL**

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**Monthly Report for the Month of …….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Number of grievances received** | **Number of grievances disposed off** | **Remarks, if any** |
|  |  |  |  |
|  |  |  |  |

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Report prepared by: Checked and verified by (sd/-)

I/c Grievance Cell