

STAFF GRIEVANCE REDRESSAL CELL

The Staff Grievance Redressal Committee of **VISVESWARAPURA INSTITUTE OF PHARMACEUTICAL SCIENCES** is reconstituted with the following members as specified below.

| Sl. No. | Name | Position | Mobile & Email |
|---------|---|----------|--|
| 1 | Dr. G.Y.Narmada Principal Department of Pharmaceutics, Visveswarapura Institute Of Pharmaceutical Sciences, Banashankari 2 nd Stage, Bangalore | Chairman | 9845760950 narmadagy@yahoo.co.in |
| 2 | Dr. C. Ramesh, Professor & HOD, Department of Pharmacognosy, Visveswarapura Institute Of Pharmaceutical Sciences, Banashankari 2 nd Stage, Bangalore | Member | 9448551599 rameshvips@gmail.com |
| 3 | Dr. Meera Sumanth Professor & HOD, Department of Pharmacology, Visveswarapura Institute Of Pharmaceutical Sciences, Banashankari 2 nd Stage, Bangalore | Member | 9844725785 meerasumanth@gmail.com |
| 4 | Dr. Githa Kishore Professor & HOD, Department of Pharmacy Practice, Visveswarapura Institute Of Pharmaceutical Sciences, Banashankari 2 nd Stage, Bangalore | Member | 9886025699 ngkishore@gmail.com |
| 5 | Dr. S. Ramamurthy Professor & HOD, Department of Pharmaceutical Chemistry, Visveswarapura Institute Of Pharmaceutical Sciences, Banashankari 2 nd Stage, Bangalore | Member | 9986376939 ramamurthyronisha@yahoo.com |

**VISVESWARAPURA INSTITUTE OF PHARMACEUTICAL SCIENCES,
Banashankari 2nd Stage, Bangalore -560070**

STAFF GRIEVANCE FORM

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|--|--------------------|
| Name: | |
| Mobile Number: | |
| Email Address: | |
| Describe your grievance in detail (You may continue on a separate sheet if required): | |
| How do you see your grievance been resolved (You may continue on a separate sheet if required) | |
| All the information provided on this form as well as any additional documents I have provided is accurate and true reflection of the situation that lead to the grievance outline above | |
| Date: | Signature |
| Complete the form in full aspects and drop it in the grievance box. If there is more than one grievance, use separate form for every grievance. Note: Contact details are required to inform the complainant of the action taken | |
| <u>Office Use only</u> | |
| Received Date..... | Discussed on |
| Action Taken..... | |
| | |
| Date when concerned Staff was informed about outcome/action taken | |
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