FORMAT FOR RE-APPEALING FOR GRIEVANCE

From:	То
Name:	The Principal (Grievance Officer)
Address:	ITI Raiganj Karnajora
	Uttar Dinajpur W.B 733130
Contact No.:	
Previous Grievance Sl. No. & Date:	(to enclose Acknowledgement Co
Reply of Grievance Officer Date:	(to enclose Copy of Reply)
appeal against the reply to my Griev	ance on the Subject
, date	d due to the following reason
Date:	
Place.	Signature of the Complainant
Name in	BLOCK LETTER:
Enclosure, if any (For supporting re-appeal):
Note: Clear reasons as to why the ren	oly is not satisfactory need to be stated
submitting the Appeal.	
*	
	wledgement
Received from Sri/Smt	
Address:	
71001	
Date:	Signature of Receiving Officer with Se