



The University of Azad Jammu & Kashmir
Directorate of Students' Affairs

Students Complaint Form
(PLEASE FILL IN BLOCK LETTERS)

1. PERSONAL INFORMATION:

Applicant's Name:

Father's Name:

Class / Program:

Department:

Session: -

Campus:

Registration No:

NIC #: - -

Mobile #:

Email Address: _____

2. COMPLAINT RELATED TO (Encircle):

1. Transport Related
2. Hostel Related
3. Societies/ Events related
4. Directorate of Students Affairs/Staff
5. Department of Examinations
6. Academic Departments/ Faculty
7. University Administration/ Staff
8. Directorate of Finance
9. Other (Please specify _____)

3. COMPLAINT:

If any supporting document(s), please attach with the form.

Applicant's Signature

Date:

D	D	-	M	M	-	Y	Y	Y	Y
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4. REMARKS OF DIRECTOR STUDENTS' AFFAIRS:

Director Students' Affairs

**5. Concerned Authority/
Department/Section:** _____

Date:

D	D	-	M	M	-	Y	Y	Y	Y
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