



OUR LADY COLLEGE OF EDUCATION

(A Christian Minority Institution)

(Approved by NCTE (1) M.Ed. - F.No.SRC / NCTE / TN / APSO6241 / M.Ed. / 392nd / 2020 / 121887

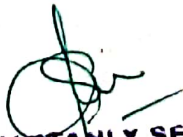
(2) B.Ed. - F.No. SRC / NCTE / TN / APSO 3023 / B.Ed. / 392nd / 2020 / 121878

NAAC Accredited with "B" Grade (CGPA of 2.89)

Our Lady Nagar, Maduravoyal, Chennai - 600 095. Phone. 044-2378 0899

5.1.3 Samples of Grievance submitted offline

Sl. No	Date	Grievance Received	Action Taken
1.	06.06.2020	Requested to increase the break time	Changed the period timing
2.	25.03.2021	Extra time for submitting the Assignments	Given extra time
3.	10.04.2021	Requested more number of reference books Asked more coaching classes for TET Preparation	Increased more books Conducted extra classes
4.	18.06.2020	Requested extra library period	Given extra period for library
5.	10.07.2020	Requested drinking water facility more	Increased more number of drinking water facility
6.	10.12.2020	Requested more cultural programs	Discussed to have more cultural activity
7.	8.01.2021	Requested canteen facility	Discussed to have canteen facility
8.	12.03.2021	Requested to have Xerox facility	Discussed to arrange Xerox facility

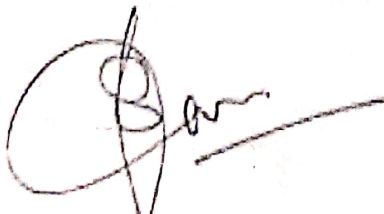

Dr. Y. STANLY SELVARUM
PRINCIPAL
Our Lady College of Education
Our Lady Nagar
Maduravoyal, Chennai-95



13/02/2021

DEPARTMENT OF ENGLISH.

1. There is no time for preparing examination because of more assignments and projects.
2. Provision of wi-fi connection, it will be useful for students.
3. Provision of xerox shop inside the college campus to avoid the delayance of submitting projects.
4. Provision of canteen, it will be useful for students.



DR. Y. STANLY SELVAKUMAR
PRINCIPAL
MURUGAN College of Education
Durtady Nagar
Madhavayyalar, Chennai-42





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5.1.3 Any other relevant information

OFFLINE GRIEVANCE FORM



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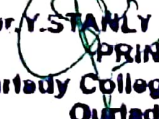
STUDENT GRIEVANCE FORM

* Denotes Required Field

Student Name*	<input type="text"/>
Enrolment No*	<input type="text"/>
Father's Name*	<input type="text"/>
Course*	<input type="text"/>
Department*	<input type="text"/>
Contact no*	<input type="text"/>
Email Id*	<input type="text"/>
Address*	<input type="text"/>
Complain Details*	<input type="text"/>

Signature:

Date:


Dr. Y. STANLY SELVAKUMAR
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Maduravoyal, Chennai - 95



ONLINE GRIEVANCE FORM

OLCE-Student Grievance Submission Form

ourladycollegeofeducation@gmail.com



Switch account

Not shared

* Indicates required question

Name of the Student *

Your answer

Email *

Your answer

Mobile Number *

Your answer

Dr. Y. STANLEY SELVARAMAN
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Our Lady College of Education
Our Lady Nagar
Maduravoyal, Chennai-45



I would like to be contacted by *

Choose

Please detail your grievance here *

Your answer

By submitting this form I consent to the Student Grievance Redressal Committee (SGRC) investigating my grievance as per extant procedures. *

Yes

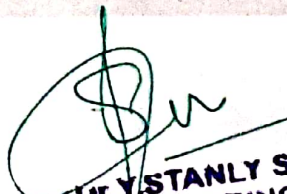
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