

FORM-II

SATLUJ JAL VIDUYT NIGAM LIMITED

STAGE-II GRIEVANCE

(TO BE SUBMITTED TO SECRETARY, GRIEVANCE COMMITTEE IN DUPLICATE)

NAME:

EMPLOYEE NO:

DESIGNATION:

PAY-SCALE:

DEPARTMENT/GROUP:

GRIEVANCE IN BRIEF WITH SUPPORTING FACTS:

ORAL REPLY RECEIVED FROM REPORTING OFFICER:

REPLY RECEIVED FROM HEAD OF DEPARTMENT:

REASONS FOR APPEAL:

DATED:

SIGNATURE OF EMPLOYEE

(FOR USE OF SECRETARY, GRIEVANCE COMMITTEE)

RECEIVED ON:

GRIEVANCE PUT UP TO GRIEVANCE COMMITTEE ON:

DECISION OF THE GRIEVANCE COMMITTEE:

DATED:

SIGNATURE OF SECRETARY

REPLIED ON:

GRIEVANCE COMMITTEE