

T. N. Medical College & B.Y.L. Nair Ch. Hospital, Mumbai – 400 008
Grievance Redressal Committee (Scheduled Castes / Scheduled Tribes)

Sr. No.	Name	Designation	Role	Contact no.
1	Dr. Ramesh Namdeo Bharmal	Dean & Director (ME & MH)	Chairperson	022- 23027101
2	Dr. Shailesh Chintaman Mohite	Professor & Head Forensic Medicine & Toxicology	Secretary	022- 23027156
3	Dr. Sumedh Ganpat Sonavane	Associate Professor Anatomy	Joint Secretary	022 -23027166

टो.रा. वैद्यकीय महाविद्यालय व बा.य.ल. नायर धर्मादाय रुग्णालय, मुंबई – ४०० ००८
अनुसूचित जाती / अनुसूचित जनजाती तक्रार निवारण समिती

अनु. क्र.	नाव	पदनाम	समिती-पद	संपर्क
१	डॉ. रमेश नामदेव भारमल	अधिष्ठाता व संचालक (वै. शि. आणि प्र. रु.)	अध्यक्ष	०२२-२३०२७१०१
२	डॉ. शैलेश चिंतामण मोहिते	प्राध्यापक व विभागप्रमुख न्यायवैद्यकशास्त्र विभाग	सचिव	०२२-२३०२७१५६
३	डॉ. सुमेध गणपत सोनवणे	सहयोगी प्राध्यापक, शरिररचनाशास्त्र विभाग	सह सचिव	०२२-२३०२७१६६

**T.N. MEDICAL COLLEGE AND B.Y.L. NAIR CHARITABLE HOSPITAL
MUMBAI - 400 008**

**MEMBERS OF GRIEVANCE REDRESSAL COMMITTEE
(Scheduled Castes / Scheduled Tribes)**

Sr. No.	Name	Designation	Role	Contact No.	E-mail
1	Dr. Ramesh Bharmal	Dean	Chairperson	9869567894	deannt@vsnl.com
2	Dr. Shailesh Mohite	Prof. & Head FMT	Secretary	9819036050	sm_fm_66 @yahoo.com
3	Dr. Sumedh Sonavane	Asso Prof. Anatomy	Jt. Secretary	9860088165	Sumedhsonavane @gmail.com
4	Dr. Kishor Khushale	Professor Anatomy	Member	9819036932	kishorkhushale @ymail.com
5	Dr. Shubangi Mutyal	Asst Prof Anatomy	Member	8097886588	shubh.mutyal @ gmail.com
6	Dr. Sanjay Swami	Asst Prof Biochemistry	Member	9890865229	sanjviews @yahoo.co.in
7	Mrs. Rucha Salgaonkar	Sister Tutor	Member	9967329836	Rsalgaonkar10 @gmail.com
8	Mrs. Sujata Ahire	Class - 3 Reprentative	Member	9869229747	smmogale @gmail.com
9	Mr. Balu Damase	Class - 4 Reprentative	Member	9604153639	dbaluanita @gmail.com
10	Dr. Ram Munde	P.G. Student (Male)	Member	8454859082	badwankar77 @gmail.com
11	Dr. Kalyani Dongare	P.G. Student (Female)	Member	9503375342	kalyxdon @gmail.com
12	Mr. Siddharth Gawai	U.G.Student (Male)	Member	7709229953	sidgawai452 @gmail.com
13	Ms. Kanchan Kalewad	U.G.Student (Female)	Member	9767524636	Kanchankalewad @gmail.com

Procedure in Redressal of Grievances:

Steps	Reporting of Grievance	Whom to Report / maintained by	Time frame for Disposal	Report to	Check/Control Point
Step I	Written Grievance by the complainant	Grievance to be submitted to the Secretary/Joint Secretary	-	If needed, to be reported to the chairman of the committee	Dean, T.N.M.C. & B.Y.L.Nair Charitable Hospital, Mumbai to check the Grievance Register at least once in a month
Step II	Grievance Register is to be maintained indicating the name of the complainant, date of receipt of complaint, subject matter, complaint number, date of disposal and remarks column	The report is to be maintained by any member of the Committee	One working day	To be reported to the Secretary/Joint Secretary of the Committee	
Step III	Hearing of the Grievance/Getting to know the problem	Members of the Committee	Within three working days	Committee is to submit report to the chairman	
Step IV	Communicating the decision to the complainant in writing and getting the signature in office copy	The decision of the committee is to be communicated to the Dean, T.N.M.C. & B.Y.L. Nair Charitable Hospital, Mumbai	Within seven working days	Report to the Dean, T.N.M.C. & B.Y.L. Nair Charitable Hospital, Mumbai	
Step V	If complainant is not satisfied, he/she has a right to appeal in writing against the decision of the Committee	The appeal can be sent to the Dean, T.N.M.C. & B.Y.L. Nair Charitable Hospital, Mumbai	Appeal should be sent within seven working days of the said decision	The decision will be communicated to the Dean, T.N.M.C. & B.Y.L. Nair Charitable Hospital, Mumbai	

Guidelines for complainant:

1. The complainant has to submit his/her complaint in a prescribed form along with the necessary documents (if any) in support of his/her complaint.
2. They shall have to apply individually and represent his/her case before Grievance Redressal Committee.
3. No proxy will be allowed to represent his/her complaint.
4. In case of any false complaint, the Chairman of the Committee may order appropriate action against the complainant.
5. Always keep the complaint number for future reference.

ANNEXURE – A

Scheduled Caste/Scheduled Tribe STUDENT GRIEVANCE FORM

1) Student Name:

2) Course/Branch:..... (Undergraduate/Postgraduate)

3) Semester:.....

4) Registration No.:.....

5) Contact No.:.....

6) Email:.....

7) Area of Grievance:

Academic: Hostel:

Co – curricular: Any other:

(for office use only) Complaint No.: Date: / /
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8) Duration/Date of the Problem or Incidence:

9) Description of the problem/incident:

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10) Cause of Dissatisfaction and Description of Appeal:

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Signature of Student

Place:

Date: //

ANNEXURE – B

Scheduled Caste/Scheduled Tribe EMPLOYEE GRIEVANCE FORM

1) Employee Name:

2) Employee Code No.:

3) Department:.....

4) Designation:.....

5) Contact No. :.....

6) Email:.....

7) Area of Grievance:

Academic:

Non-academic:

(for office use only) Complaint No.: Date: / /
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8) Duration/Date of the Problem or Incidence:

9) Description of the problem/incident:

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10) Cause of Dissatisfaction and Description of Appeal:

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.....

Signature of Employee

Place:.....

Date: //