

18

-: 15 :-

APPENDIX - IIndian Council Of Agricultural Research

Name of the Institute/Bureau/Directorate/Laboratory/National
Research Centre etc.

GRIEVANCE FORM - IPART - I

APPLICATION FOR GRIEVANCE REDRESSAL - TO DY. SECRETARY/CAO/
SR. A.O./A.O. INCHARGE
OF ADMINISTRATION

(TO BE FILLED IN BY THE AGGRIEVED EMPLOYEE CONCERNED)

- NOTE :-
1. This Form is to be filled in by the concerned aggrieved employee in duplicate.
 2. Only part I of this Form is to be filled in by the concerned aggrieved employee. He must put his dated signature on this Form at the end of Part I as indicated, otherwise, the application will not be entertained.
 3. The rest of the Parts of this Form are to be filled in by the Office of Dy. Secretary/C.A.O./Sr.A.O./A.O. incharge of administration.

4. This application should be presented by the aggrieved employee to the Dy. Secretary/CAO/Sr.A.O./A.O. incharge of administration and his acknowledgement of receipt in Grievance Form - I, Part IV must be obtained immediately. 4
5. Please strike off the words/portions not applicable.
6. wherever the space provided in a column is found insufficient, separate sheets may be used. These sheets must be serially numbered and attached to this Part of the Form. Reference of the appropriate sheet number should be made in the relevant column of this Form. Each page of the every sheet must be duly signed by the concerned person.

145

17

NAME _____ DESIGNATION _____

SECTION/DIVISION _____ GRADE _____

GRIEVANCE IN BRIEF:

a) Full facts:-

b) Redress requested:-

Signature of the aggrieved employee.

GRIEVANCE FORM - I

PART - II

I N V E S T I G A T I O N

(FOR OFFICE USE ONLY)

NOTE:- 1. Part-II of this Form is for action to be taken in the Office of Dy.Secretary/CAO/Sr.A.O./A.O. incharge of the Administration and should be maintained in the Office as record.

2. Wherever the space provided in a column is found insufficient, separate sheets may be used. These sheets must be serially numbered and attached to this part of the Form. Reference of the appropriate sheet number should be made in the relevant column of this Form. Each page of every sheet must be duly signed by the concerned person.

Grievance Serial No. _____ Date of Receipt _____

Forwarded for immediate examination and report, to Sectional Head.

Name _____

Designation _____

Section/Division _____

Date forwarded _____

Dated _____

Signature of Dy.Secretary/C.A.O./Sr.A.O./A.O. incharge of Administration.

144

16

REPORT OF SECTIONAL HEAD

Date of return to Dy. Secretary/CAO/Sr. A.O./A.O. incharge of Administration _____

Date _____ Signature of Sectional Head

Investigation Report of Dy. Secretary/CAO/Sr. A.O./A.O. incharge of Administration based on the report of the Sectional Head.

Date _____

Signature of Dy. Secretary/CAO/Sr. A.O./A.O. incharge of Administration.

GRIEVANCE FORM - I

PART - III

REPLY ON GRIEVANCE

(TO BE GIVEN TO AGGRIEVED EMPLOYEE CONCERNED)

- NOTE:-
1. Part III of this Form is for action to be taken in the Office of Dy. Secretary/CAO/Sr. A.O./A.O. incharge of Administration and after completion of investigation should be duly filled in and his acknowledgement of receipt obtained on the duplicate copy of this Part.
 2. Wherever the space provided in a column is found insufficient, separate sheets may be used. These sheets must be serially numbered and attached to this Part of the Form. Reference of the appropriate sheet number should be made in the relevant column of this Form. Each page of every sheet must be duly signed by the concerned person.

Name _____ Designation _____

Section/Division _____ Grade _____

Grievance Serial Number. _____

Date of receipt _____

Reply of Dy. Secretary/CAO/Sr.A.O./A.O. incharge of
Administration after investigation mentioning his
decision along with reasons:-

Date _____

Signature of Dy. Secretary/CAO/
Sr.A.O./A.O. incharge of
Administration

ACKNOWLEDGEMENT OF THE AGGRIEVED EMPLOYEE

Grievance Serial No. _____

Received a copy of reply in Grievance Form, Part III.

Dated _____

Signature of the aggrieved
employee.

Name _____

143

15

GRIEVANCE FORM - I

PART - IV

A C K N O W L E D G E M E N T

(To be given to aggrieved employee concerned)

Note: Part IV of this Form is to be filled in by the Office of Dy. Secretary/CAO/Sr.A.O./A.O. incharge of Administration immediately on receipt of application for grievance redressal in Form-I, Part-I and given to the concerned employee as acknowledgement and his acknowledgement of receipt be obtained on the duplicate copy of this Part.

Received on application for grievance redressal in Grievance Form-I, from:-

Name _____ Designation _____

Section/Division _____ Grade _____

Grievance Serial No. _____

Date of Receipt _____

Date _____

Signature of Dy. Secretary/CAO/
Sr.A.O./A.O. incharge of
Administration

ACKNOWLEDGEMENT OF THE AGGRIEVED EMPLOYEE

Grievance Serial No. _____

Received a copy of acknowledgment in grievance Form-I, Part-IV.

Date _____

Signature of the aggrieved
employee.

Name _____

INDIAN COUNCIL OF AGRICULTURAL RESEARCH

Name of the Institute/Bureau/Directorate/Laboratory/National
Research Centre etc.

GRIEVANCE FORM-II

PART-I

APPLICATION FOR GRIEVANCE REDRESSAL - TO GRIEVANCE COMMITTEE

(To be filled in by the aggrieved employee concerned)

- Note:
1. This form is to be filled in by the concerned aggrieved employee in duplicate.
 2. Only 'Part-I' of this Form is to be filled in by concerned aggrieved employee. He must put his dated signature on this Form at the end of Part-I as indicated, otherwise the application will not be entertained.
 3. The rest of the Parts of this Form are to be filled in by the Office of Member Secretary, Grievance Committee.
 4. This application should be presented by the aggrieved employee to the Member Secretary Grievance Committee and his acknowledgement of receipt in Grievance Form-II Part VI, must be obtained immediately.
 5. Please strike off the words/portions not applicable.
 6. Wherever the space provided in a column is found insufficient, separate sheets may be used. Those sheets must be serially numbered and attached to this form. Reference of the appropriate sheet number should be made in the relevant column of this Form. Each page of every sheet must be duly signed by the concerned person.

Name _____

Designation _____

Section/Division _____

Grade _____