## FORM-4

APPLICATION TO COMPANY BY CUSTOMER FOR REDRESSAL OF GRIEVANCE (All fields are mandatory)

Date	
To, GRIEVANCE OFFICER, EXALT CONSULTING PLACEMENT SERVICES PVT. LTD. #22, 1 <sup>ST</sup> FLOOR, REAR WING, NJ CHAMBERS, DPP.RAMADA HOTEL SHIVAJINAGAR, BANGALORE- 51	
1. Name	_
2. Age Date of Birth	
3. Father's/Husband's Name	
4. Current Postal Address:	
5. Permanent Address:	
6. Mobile email	
7. Amount Paid: Rs. Receipt No./Transaction ID:	
8. Current Employer:	
9. Current Domain:	

**Applicant's Signature** 

10. 0	10. Current Designation				
11. V	Work E	experience: Years Months			
	A. Date	e of Registration (Filled application sent date, not the date  Month Year	of payment made)		
		e of Expiry of validity period (3 or 6 calendar months as ponditions: Day Month Year	er clause no. 4 of terms		
13. N	No. Of	Interviews Scheduled :			
14. N	No. of	interviews attended :			
15. N	No. Of	interviews Not attended:			
16. N	No. of	companies to which you are introduced :			
17 <u>.</u> N	Names	of the Companies Where interviews Attended			
	Sr. No	Name of the Company	Results (Rejected/ Selected)		
			Selectedy		
	1.				
2	2.				
3	3.				
4	4.				
5	5.				
6	6.				
18. N	Names	of the Companies Where interviews Not Attended			
S	Sr.	Name of the Company	Reason For Not Attending		
ľ	No				
1	1.				
2	2.				
3	3.				
<u> </u>			1		

5. 6. S. Names of companies to which you were introduced  Sr. Name of the Company Any communication received from the company/employer  1. 2. 3. 4. 5. 6. 7. 8. S.	4.		
9. Names of companies to which you were introduced  Sr. Name of the Company  Any communication received from the company/employer  1.  2.  3.  4.  5.  6.  7.  8.  (Use supplementary paper in case the no. of companies exceeds in para 17, 18, and 19)  0. DETAILS OF THE GRIEVANCE,	5.		
Sr. Name of the Company  Any communication received from the company/employer  1.	6.		
Sr. Name of the Company  Any communication received from the company/employer  1.	9. Nam	es of companies to which you were introduced	
2. 3. 4. 5. 6. 7. 8.  (Use supplementary paper in case the no. of companies exceeds in para 17, 18, and 19) 0. DETAILS OF THE GRIEVANCE,	Sr.		received from the
3. 4. 5. 6. 7. 8.  (Use supplementary paper in case the no. of companies exceeds in para 17, 18, and 19) 0. DETAILS OF THE GRIEVANCE,	1.		
4. 5. 6. 7. 8.  (Use supplementary paper in case the no. of companies exceeds in para 17, 18, and 19) 0. DETAILS OF THE GRIEVANCE,	2.		
5. 6. 7. 8.  (Use supplementary paper in case the no. of companies exceeds in para 17, 18, and 19) 0. DETAILS OF THE GRIEVANCE,	3.		
6. 7. 8.  (Use supplementary paper in case the no. of companies exceeds in para 17, 18, and 19) 0. DETAILS OF THE GRIEVANCE,	4.		
7.  8.  (Use supplementary paper in case the no. of companies exceeds in para 17, 18, and 19)  0. DETAILS OF THE GRIEVANCE,	5.		
8.  (Use supplementary paper in case the no. of companies exceeds in para 17, 18, and 19)  0. DETAILS OF THE GRIEVANCE,			
(Use supplementary paper in case the no. of companies exceeds in para 17, 18, and 19)  0. DETAILS OF THE GRIEVANCE,	6.		
0. DETAILS OF THE GRIEVANCE,			
	7.		overeds in page 17, 19, and 10)
	7. 8. (Use s	AILS OF THE GRIEVANCE,	exceeds in para 17, 18, and 19)
	7. 8. (Use s	AILS OF THE GRIEVANCE,	exceeds in para 17, 18, and 19)
	7. 8. (Use s	AILS OF THE GRIEVANCE,	exceeds in para 17, 18, and 19)
	7. 8. (Use s	AILS OF THE GRIEVANCE,	exceeds in para 17, 18, and 19)

Applicant's Signature

21. DATE OF ORIGINAL INTIMATION OF GRIEVANCE BY THE CUSTOMER TO THE CUSTOMER CARE DEPARTMENT: Day Month Year
22. REMEDY PROVIDED BY THE CUSTOMER CARE DEPARTMENT, IF ANY (If remedy has been provided, please enclose relevant communication from the Customer
Care Department)
23. LIST OF DOCUMENTS ENCLOSED (Please enclose copies of any relevant documents which support the facts giving rise to the Grievance)
24. DECLARATION (a) I/ We, the customer/s herein declare that: (i) the information furnished hereinabove is true and correct; and
<ul> <li>(ii) I/ We have not concealed or misrepresented any fact stated hereinabove and the documents submitted herewith.</li> <li>(b) The present Grievance has been intimated to management in the prescribed form and manner prescribed by the Company and I/We am/are not satisfied by the remedy provided by the Customer Care department.</li> </ul>
OR
no remedy was provided within a period of days/weeks/months from the date of original intimation.
(c)The subject matter of the present Grievance has never been submitted to the Company by me or by any one of us or by any of the parties concerned with the subject matter to the best of my/our knowledge.
(d) The subject matter of my/our Grievance has not been settled by the Company/ Customer Care department in any previous proceedings.
(e) The subject matter of my/our Grievance has not been decided by any competent authority/court/arbitrator and is not pending before any such authority/court/arbitrator.
Yours faithfully,
(Signature)
(Customer's Name in Block Letters)