

FORM-4APPLICATION TO COMPANY BY CUSTOMER FOR REDRESSAL OF GRIEVANCE
(All fields are mandatory)

Date _____

To,
GRIEVANCE OFFICER,
HUMAN LIFE CONSULTANCY
201, Hari Om Complex, Nr. Pooja Park Society,
warshiya, Vadodara-3900018.
Email : humanlifeconsultancy@gmail.com

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. Current Designation _____

11. Work Experience: Years Months

12. A. Date of Registration (Filled application sent date, not the date of payment made)

Day Month Year

B. Date of Expiry of validity period (3 or 6 calendar months as per clause no. 4 of terms and conditions: Day Month Year

13. No. Of Interviews Scheduled :

14. No. of interviews attended :

15. No. Of interviews Not attended:

16. No. of companies to which you are introduced :

17. Names of the Companies Where interviews Attended

Sr. No	Name of the Company	Results (Rejected/ Selected)
1.		
2.		
3.		
4.		
5.		
6.		

18. Names of the Companies Where interviews Not Attended

Sr. No	Name of the Company	Reason For Not Attending
1.		
2.		
3.		

.....
Applicant's Signature

4.		
5.		
6.		

19. Names of companies to which you were introduced

Sr. No	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)

20. DETAILS OF THE GRIEVANCE,
(If space is not sufficient, please enclose separate sheet)

.....
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

(ii) I/ We have not concealed or misrepresented any fact stated hereinabove and the documents submitted herewith.

(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.

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)