



SRINIVAS UNIVERSITY

Srinivas Nagar, Mukka- 574 146, Surathkal, Mangalore, Phone :0824-2477456
(Private University Established by Karnataka Govt. ACT No.42 of 2013.
Web :www.srinivasuniversity.ac.in, Email: info@srinivasuniversity.ac.in

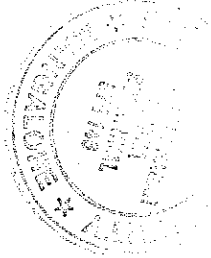
Date:02-01-2023

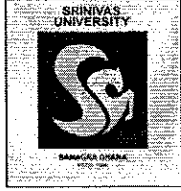
CIRCULAR

It is hereby informed to all the members of the grievance committee to attend the meeting on 05-01-2023 to discuss the details about the grievances of the students and the actions taken to resolve the same.

Registrar.

SRINIVAS UNIVERSITY
MANGALORE





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Date:06-01-2023

Minutes of the Meeting

The following members of the grievance committee had attended the meeting

Sl. No.	Name	Designation	Signature.
1.	Dr. Anil Kumar Registrar	Chairperson	
2.	Dr. Ajay Kumar Registrar Development	Secretary	
3.	Dr. Thomas Pinto	Members	
4.	Prof. Srinath Rao	Member	
5.	Dr. Jayashree Bolar	Member	

- All the grievance sheets are scrutinized individually
- The solution to each grievance is discussed.
- It is observed that all the above grievances are resolved



REGISTRAR
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**SRINIVAS UNIVERSITY**

Srinivas Nagar, Mukka-574 16, Surathkal, Mangaluru, Phone: 0824-247456

GRIEVANCE REDRESSAL FORMSl.No. 23/8/THMT
(Same as entry in the register)*Please fill the form carefully and retain the acknowledgment*Name ABdul salarUSN/Employee No. 0450224M001Institute SUIHMTProgram BSCHM Semester IVth Semester

Section _____

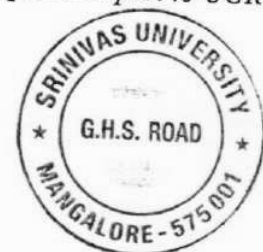
Query/Grievance/Problem Project is Not working & there is
No bit.
Signature23/8/2022
Date and Time*For Office Use Only***Action Taken by the Department****Problem Category**Informed to
Higher Authority.*NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC*

Expected Date of Redressal:

23/8/2022

Signature of Dealing Staff

Name of Institute/Department:


REGISTRAR
SRINIVAS UNIVERSITY
MANGALORE**ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM**Sl. No. 23/8/THMT
(Same as entry in the register)Expected Date: 30/8/2022
(To be given by person receiving HOD)
Name of Institute/Department:Signature of Person Receiving:
(with Date and Time)
Name of the Person:



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Srinivas Nagar, Mukka-574 16, Surathkal, Mangaluru, Phone: 0824-247456

GRIEVANCE REDRESSAL FORM

Sl.No. 5/9/2 HMT
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Palan. Kumar

USN/Employee No. 0450 21HMOD8

Institute IHMT
Section _____

Program BHMT Semester 5th Sem

Query/Grievance/Problem Fan's need To Be replaced No Proper air circulation Hot Inside kindly replace To the New one.

Signature
[Signature]

5/9/2022
Date and Time

For Office Use Only

Action Taken by the Department

Problem Category

Problem solved

NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC

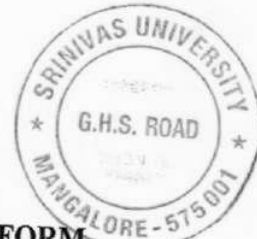
Expected Date of Redressal:

5/9/2022

Signature of Dealing Staff

Name of Institute/Department:

[Signature]
REGISTRAR
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ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No. 5/9/IHMT
(Same as entry in the register)

Expected Date: 10/9/2022
(To be given by person receiving HOD)
Name of Institute/Department:

Signature of Person Receiving:
(with Date and Time)
Name of the Person:



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GRIEVANCE REDRESSAL FORM

Sl.No. 5/10/PCPS
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Nawaneeth N

USN/Employee No. 035U22RA144

Institute JETS Program BCA Semester IV

Section _____

Query/Grievance/Problem Fan is not working in the class.

Nawaneeth
Signature

5/10/2022
Date and Time

For Office Use Only

Action Taken by the Department

Problem Category

Problem Solved

NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC

Expected Date of Redressal:

5/10/2022
Signature of Dealing Staff
Name of Institute/Department:

AM
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ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No. 5/10/PCPS
(Same as entry in the register)

Expected Date: 13/10/2022
(To be given by person receiving HOD)
Name of Institute/Department:

Signature of Person Receiving:
(with Date and Time)
Name of the Person:



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Srinivas Nagar, Mukka-574 16, Surathkal, Mangaluru, Phone: 0824-247456

GRIEVANCE REDRESSAL FORM

Sl.No. 9/11/IHMT
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name PAVAN Raj

USN/Employee No. 45022HT029

Institute IHMT

Program BHMT Semester IV Sem.

Section _____

Query/Grievance/Problem Locker Room Locks are not proper, Fan is Not working.

Pavan Raj
Signature

9/11/2022
Date and Time

For Office Use Only

Action Taken by the Department

Problem Category

Problem Solved.

NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC

Expected Date of Redressal:

9/11/2022

Signature of Dealing Staff

Name of Institute/Department:

AM
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ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No 9/11/IHMT
(Same as entry in the register)

Expected Date: 16/11/2022
(To be given by person receiving HOD)
Name of Institute/Department:

Signature of Person Receiving:
(with Date and Time)
Name of the Person:



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GRIEVANCE REDRESSAL FORM

Sl.No. 1/12/2022
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name B. M Akash

USN/Employee No. 0350220D012

Institute ICLS Program BCA Semester III Sem

Section A1

Query/Grievance/Problem Project not working, stops display frequently

BMA
Signature

For Office Use Only

1/12/2022
Date and Time

Action Taken by the Department

Problem Category

Problem Solved

NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC

Expected Date of Redressal:

1/12/2022

Signature of Dealing Staff

Name of Institute/Department:

AM
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MANGALORE



ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No. 1/12/2022
(Same as entry in the register)

Expected Date: 7/12/2022
(To be given by person receiving HOD)
Name of Institute/Department:

Signature of Person Receiving:
(with Date and Time)
Name of the Person:



SRINIVAS UNIVERSITY

Srinivas Nagar, Mukka-574 16, Surathkal, Mangaluru, Phone: 0824-247456

GRIEVANCE REDRESSAL FORM

Sl.No. 20/12/ICIS
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Tanu Joseph.

USN/Employee No. 03SU22MCO95

Institute ICIS Program MCA Semester 3rd Sem.

Section _____
Query/Grievance/Problem WashRoom is not provided and Basic facility not provided in campus.
Signature Tanu

20/12/2022
Date and Time

For Office Use Only

Problem Category

Action Taken by the Department

Informed to
Higher Authority.

NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC

Expected Date of Redressal:

20/12/2022

Signature of Dealing Staff
Name of Institute/Department:

AM
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ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No. 20/12/ICIS
(Same as entry in the register)

Expected Date: 29/12/2022
(To be given by person receiving HOD)
Name of Institute/Department:

Signature of Person Receiving:
(with Date and Time)
Name of the Person:



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GRIEVANCE REDRESSAL FORM

Sl.No. 20/01/ICIS
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Brino paul

USN/Employee No. 3802100032

Institute ICIS

Program BEA Semester _____

Section _____

Query/Grievance/Problem not working fan

[Signature]
Signature

For Office Use Only

20/01/2023
Date and Time

Action Taken by the Department

Problem Category

Problem solved

NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC

Expected Date of Redressal:

20/01/2023

Signature of Dealing Staff

Name of Institute/Department:

[Signature]
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ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No. 20/01/ICIS
(Same as entry in the register)

Expected Date: 28/01/2023
(To be given by person receiving HOD)

Name of Institute/Department:

Signature of Person Receiving:
(with Date and Time)

Name of the Person:



SRINIVAS UNIVERSITY

Srinivas Nagar, Mukka-574 16, Surathkal, Mangaluru, Phone: 0824-247456

GRIEVANCE REDRESSAL FORM

Sl.No. 23/1/TMC
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Puneeth

USN/Employee No. 025U20MB123

Institute TMC

Program MBA Semester III

Section B

Query/Grievance/Problem Water Problem in a floor Plz Arrange new water point

Phdy
Signature

23/1/2023
Date and Time

For Office Use Only

Action Taken by the Department

Problem Category

Problem Solved

NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC

Expected Date of Redressal:

23/1/2023

Signature of Dealing Staff

Name of Institute/Department:

AM
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MANGALORE



ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No 23/1/TMC
(Same as entry in the register)

Expected Date: 31/1/2023
(To be given by person receiving HOD)
Name of Institute/Department:

Signature of Person Receiving:
(with Date and Time)
Name of the Person:



SRINIVAS UNIVERSITY

Srinivas Nagar, Mukka-574 16, Surathkal, Mangaluru, Phone: 0824-247456

GRIEVANCE REDRESSAL FORM

Sl.No. 7/2/TMC
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Rashan

USN/Employee No. 025U22MB139

Institute TMC
Section B

Program MBA Semester III

Query/Grievance/Problem Plz allow us to move in lift because our class will be taken on 2nd floor.


Signature

For Office Use Only

7/2/2023
Date and Time

Action Taken by the Department

Problem Category

Informed to
higher Authority.

NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC

Expected Date of Redressal:

7/2/2023

Signature of Dealing Staff
Name of Institute/Department:


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MANGALORE



ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No _____
(Same as entry in the register)

Expected Date: 16/2/2023
(To be given by person receiving HOD)
Name of Institute/Department:

Signature of Person Receiving:
(with Date and Time)
Name of the Person:



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GRIEVANCE REDRESSAL FORM

Sl.No. 27/2/TMC
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Sathuraj

USN/Employee No. 020022MB147

Institute I.M.C. Program M.B.A Semester IIIrd.

Section B.

Query/Grievance/Problem fee is not working.


Signature

27/2/2023

For Office Use Only

Date and Time

Action Taken by the Department

Problem Category

Problem
solved.

NOTE: If the redressal does not take place as expected, the student/user may please report to UGRG

Expected Date of Redressal:

27/2/2023

Signature of Dealing Staff

Name of Institute/Department:


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MANGALORE



ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No. 27/2/TMC
(Same as entry in the register)

Expected Date: 6/3/2023
(To be given by person receiving HOD)
Name of Institute/Department:

Signature of Person Receiving:
(with Date and Time)
Name of the Person:

Year: 2022 - 23

Sl. No.	Enrollment/ Employee No.	Name	Programme/ Semester/ Section/ Department	Date of Receipt of Grievance (at dept level)	Expected Date of Redressal*	Actual Date of Redressal*	Signature of GRO
01.	04SU224M001	Abdul Salam	T HMT	29/8/2022	30/08/2022	30/08/2022	<i>[Signature]</i>
02.	04SU221HM03	Pavon Kumar	T HMT	5/9/2022	10/09/2022	10/09/2022	<i>[Signature]</i>
03.	03SU22RA144	Navaneeth M	TCS	5/10/2022	13/10/2022	13/10/2022	<i>[Signature]</i>
04.	HSU22HT029	Pavon Raj	T HMT	9/11/2022	16/11/2022	16/11/2022	<i>[Signature]</i>
05.	03SU22SD012	B M Akash	TCS	1/12/2022	07/12/2022	07/12/2022	<i>[Signature]</i>
06.	03SU22MCA05	Taru Yogesh	TCS	20/12/2022	29/12/2022	29/12/2022	<i>[Signature]</i>
07.	03SU22EC032	Bhino Pavl	TCS	20/11/2023	28/01/2023	28/01/2023	<i>[Signature]</i>
08.	02SU22MB102	Pinith	TMC	29/11/2023	31/01/2023	31/01/2023	<i>[Signature]</i>
09.	02SU22MB139	Roslan	TMC	7/2/2023	16/02/2023	16/02/2023	<i>[Signature]</i>
10.	02SU22MB147	Sathwik	TMC	27/2/2023	06/03/2023	06/03/2023	<i>[Signature]</i>

*If necessary redressal documents to be attached herewith

[Signature]
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