



5.1.4 Annual report of the committee monitoring the activities and number of grievances (2020-21)

Srinivas University

SRINIVAS CAMPUS



SRINIVAS UNIVERSITY

Srinivas Nagar, Mukka- 574 146, Surathkal, Mangaluru, Phone :0824-247456

GRIEVANCE REDRESSAL FORM

Sl.No. 20/04/PMC
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Mohammed Shiyabuddeen

USN/Employee No. 25620MBA32

Institute PMC Program MBA Semester III

Section
Query/Grievance/Problem Mark cardy not received

Musby
Signature

For Office Use Only

Date and Time
20/04/2020

Action Taken by the Department

Problem Category:
Problem

Problem Resolved

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

Expected Date of Redressal:

Signature of Dealing Staff
Name of Institute/Department:

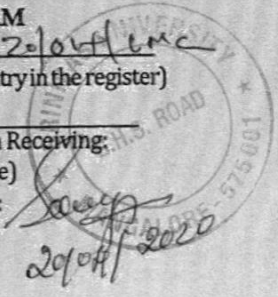
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No. 20/04/PMC
(Same as entry in the register)

Expected Date: 20/04/2020
(To be given by person receiving HOD)
Name of Institute/Department:

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

AM
REGISTRAR
SRINIVAS UNIVERSITY
MANGALORE



20/04/2020



SRINIVAS UNIVERSITY

Srinivas Nagar, Mukka- 574 146, Surathkal, Mangaluru, Phone :0824-247456

GRIEVANCE REDRESSAL FORM

Institute of Hotel Management and Tourism

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

Please fill the form carefully and retain the acknowledgment

Name Sampath

USN/Employee No. _____

Institute H.M Program _____ Semester VII Sem
Section _____

Query/Grievance/Problem 2 Fans and 1 Light is not working in 4th year class room
Signature [Signature]

For Office Use Only

18/08/2020
Date and Time

Problem Category: Maintenance Issue. Action Taken by the Department: Repaired

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

Expected Date of Redressal:

Signature of Dealing Staff
Name of Institute/Department:

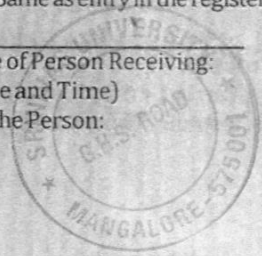
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

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

[Signature]
REGISTRAR
SRINIVAS UNIVERSITY
MANGALORE

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





SRINIVAS UNIVERSITY
Srinivas Nagar, Mukka- 574 146, Surathkal, Mangaluru, Phone :0824-247456
GRIEVANCE REDRESSAL FORM

Institute of Hotel Management and Tourism

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

Please fill the form carefully and retain the acknowledgment

Name Hanshavandhan

USN/Employee No. _____

Institute HM Program _____ Semester _____
Section _____

Query/Grievance/Problem locks are not in good condition

in lockers room. Please repair it.

Signature [Signature]

For Office Use Only

Date and Time 17/01/2020

Action Taken by the Department

Problem Category: Maintenance.

Repairing is Done.

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

Expected Date of Redressal:

Signature of Dealing Staff
Name of Institute/Department:

ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

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

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

[Signature]
REGISTRAR
SRINIVAS UNIVERSITY
MANGALORE

