

5.1.4 Annual report of the committee monitoring the activities and number of grievances (2019-20)

Srinivas University

SRINIVAS CAMPUS

SRINIVAS UNIVERSITY

City Campus Pandeshwar

Mangalore-575001

COLLEGE OF PHYSIOTHERAPY

Date: 19.06.2020

Students' Grievance Redressal Cell Notice

Date: 19/06/2020

Time: 10.00 am

Venue: Pandeshwar campus

Members present:

1. Dr S Rajasekar , Dean, chairperson
2. Dr Ajay Kumar, member *Ajay*
3. Dr Annayya Kulal, member *Annayya*
4. Ms Sahana, student president *Sahana*

Agenda of Meeting:

1. Address of the meeting by the Chairperson
2. Roles and Responsibilities of each committee member
3. Address Grievance about unavailability of projector remote in 3rd year classroom

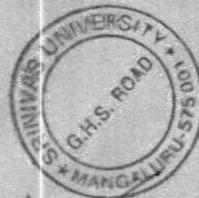
Action plan:

Committee ensures that grievance will be sorted out within 2 days

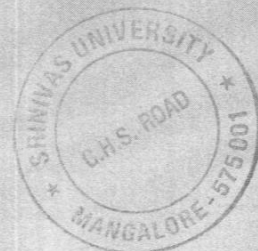
Rajasekar

Chairperson

Grievance Redressal Committee



AJ
REGISTRAR
SRINIVAS UNIVERSITY
MANGALORE





SRINIVAS UNIVERSITY

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

GRIEVANCE REDRESSAL FORM

Sl.No. 19/03/CMC
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Aash Adith v:0

USN/Employee No. 25U19L5004

Institute CMC Program BBA Semester II

Section _____

Query/Grievance/Problem Hygiene in my toilet
drinking water facility for students
to be kept clean

Signature _____

For Office Use Only

Date and Time 19/03/2019

Action Taken by the Department

Problem Category:

Problem resolved.
by Action taken.

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. 19/03/CMC
(Same as entry in the register)

Expected Date: 31/03/2019
(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

Deep
19/03/2019
SRINIVAS UNIVERSITY
MANGALORE
PHONE-5745001



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Institute of Computer Science and Information Science

GRIEVANCE REDRESSAL FORM

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

Please fill the form carefully and retain the acknowledgment

Name: Janani USN/Employee No. 35019/MCS08
Institute CCIS Section MCA Program Semester

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

Janani
Signature

21/10/19
Date and Time

For Office Use Only

Problem Category:

Action Taken by the Department

Technical Maintenance is called
and the new fan is installed

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

Expected Date of Redressal: 30/10/2019

Signature of Dealing Staff Name of
Institute/Department:

ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 30/10/2019
(To be given by person receiving HOD)
Name of Institute/Department:

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

AS
REGISTRAR
SRINIVAS UNIVERSITY
MANGALORE

Ops
Manager





SRINIVAS UNIVERSITY

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



Institute of Computer Science and Information Science

GRIEVANCE REDRESSAL FORM

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

Please fill the form carefully and retain the acknowledgment

Name Neeraj MS USN/Employee No. 35019SA042
Institute KIS Section BIA Program Semester SD

Query/Grievance/Problem water Filter is not working

[Signature]
Signature

04/12/2019

For Office Use Only

Date and Time

Problem Category: Problem in washroom not cleaned

Action Taken by the Department

washroom & toilet cleaned

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

Expected Date of Redressal: 18/12/2019

Signature of Dealing Staff Name of Institute/Department:

ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 18/12/2019
(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
off manager

