

# SRINIVAS UNIVERSITY

--Karnataka State--

## **CREATING INNOVATORS**

5.1.4 Annual report of the committee monitoring the activities and number of grievances (2021-22)

# **Srinivas University**

(Same as entry in the register)



#### SRINIVAS UNIVERSITY

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

#### **GRIEVANCE REDRESSAL FORM**

Please fill the form carefully and retain the acknowledgment Chros . lc. 1 USN/Employee No. 25021 HN 015 CMC Program BBK. Semester\_ Institute Section Query/Grievance/Problem\_\_ For Office Use Only Date and Time 21/04/2022 ActionTaken by the Department Problem Category: NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC Expected Date of Redressal: 21/04/2012 Signature of Dealing Staff Name of Institute/Department: ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM
SI. No 21 Ly CMC (Same as entry in the register) Signature of Person Receiving: Expected Date: 1 01 2 2 (To be given by person receiving HOD) (with Date and Time) Name of the Person: Journ 21 64 22 Name of Institute/Department: SRINIVAS UNIVERSITY MANGALORE

# University Level (UGRC)

	Enrollment/ Employee No.		Programme / Semester / Section/ Department	Date of Receipt of Grievance (at dept level)	Expected Date of Redressal	Actual Date of Redressal*	Signature of GKO
	25021H~08	Chirag k.p	BRATT	21 04 072	21/04/12	1/5/2022	
1							
1							
,							
315							
1							
Y	1						
+	13/5	NG!					
100	RO						
1	-						

Department Level (DGRC)

MANGALO

Year: 2021-22

MANGI					BE	07	A.S	M	W.	1	111	98	,								
H.S.H.D	CRINI		Y	ıs <sup>ı</sup>	EF	MI	17,	515	FE	H	7	A					L 0. 4		enie i		
Signature of Child	22		1	A CONTRACTOR OF THE CONTRACTOR							Manufacture Manufacture And Administration of the Part		THE R PER PERSON NAMED IN COLUMN					11			A CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF T
Actual Date ofRedressal*	18104/2023	and the second	20/11/2021			AND THE PARTY OF T				Tour Many			10	The state of the s				ALCOHOL: NEWSTREET, STATES		O III I THE THE PARTY OF THE PA	
Expected Date ofRedressal	20104/2002		20/1/2021							Compage Manage	The state of the s		N N N N N					15		ACT AND ACT OF THE PERSON OF T	
Date of Receipt of Grievance (at dept level)	201 4014	03/01/03	11-11-2021					Marie a series			Name of the last o		Biologi III		1000		100		And the second s		
Programme/ Date of Semester Receipt of /Section/ Grievance Department (at dept level)	B co / 1911415	MCA/I /ICIS	8x 11 /50/cm	And the second s					8600 2	The Contract Manager Distriction					NC 80 H S H	A STATE OF THE STA				The second secon	
Name	4 asshitha	Saphami	Sumalatha			A STATE OF THE STA				And the second s						de en				A SECTION OF THE PROPERTY OF T	
Enrollment/E Name mployee No.	3502001008	35v2c05 830							-		51										
SI. No.	1	3	3		81		A CONTRACTOR OF THE PROPERTY O	-		N. W. W.											The second second

\*if necessary redressal dcouments to be attached herewith

ll u



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

## Institute of Computer Science and Information Science

## GRIEVANCE REDRESSAL FORM

Sl.No(Sameasentryintheregister)
Please fill the form carefully and retain the acknowledgment
Name Harshitha USN/Employee No. 3 SU 20 A 1008
Institute CIS Section BCA ProgramSemester AI
Query/Grievance/Problem Anaconda not peoperly installed
Signature
4 04 22 ForOfficeUseOnly
Date and Time  ActionTakenbytheDepartment  ActionTakenbytheDepartment
Problem Category: Tethnical to devolved Angeonda and
are intalled with Anaronda
NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC
Expected Date of Redressal: 20 04 202
Signature of Dealing Staff Name of Institute/Department:
instituto / Department.
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM SI.No_(Same as entry in the register)
Expected Date: 20 04 2002 Signature of Person Receiving: (To be given by person receiving HOD) Name of Institute/Department:  Name of the Person:
BEGISTRAH Offic Manager
CRINIVAS UNIVERSIT



#### SRINIVAS UNIVERSITY

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

#### Institute of Computer Science and Information Science

#### GRIEVANCE REDRESSAL FORM

(Sameasentryintheregister) Please fill the form carefully and retain the acknowledgment USN/Employee No. 35020 DS830 Name Institute Section Program Semester\_ Query/Grievance/Problem\_ ForOfficeUseOnly GHS P Date and Time Action Taken by the Department GALORY ProblemCategory: NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC Expected Date of Redressal: 25 Signature of Dealing Staff Name of Institute/Department: ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM Sl.No\_(Same as entry in the register) Expected Date: 25/01/2012 (To be given by person receiving HOD) Signature of Person Receiving: (with Date and Time) Name of Institute/Department: Name of the Perso SRINIVAS UNIVERSITATION



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

Institute of Hotel Manager	nent and Tourism
	Sl.No (Same as entry in the register)
Please fill the form carefully and retain the acknowle	edgment
Name Rapa Rahul Raju	
USN/Employee No	
Institute Sul Hm 7 Program Hote mana	Semester Semester
Query/Grievance/Problem Flush is not in the usash room, S water also.	signature would be
ForOfficeUseC	Duly
22 07 21 Date and Time	
Problem Category: Maintenance 1884	Action to ken & repair has dow.
NOTE: If the redressal does not take place as expected, the	student/user may please report to UGRC
Expected Date of Redressal:	Land Comment of the National Comment
Signature of Dealing Staff Name of Institute/Department:	
ACKNOWLEDGEMENT: GRIEVAN	
Expected Date: (To be given by person receiving HOD) Name of Institute/Department:  SRINIVAS U MANG	SI. No



#### SRINIVAS UNIVERSITY

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

#### Institute of Computer Science and Information Science

### **GRIEVANCE REDRESSAL FORM**

(Sameasentryintheregister) Please fill the form carefully and retain the acknowledgment USN/Employee No. 35020SA075 Institute\_ Program Semester\_ \$\int D\$ Query/Grievance/Problem 12-11-2-21 Date and Time NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC Expected Date of Redressal: 20/11/2021 Signature of Dealing Staff Name of Institute/Department: ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM Sl.No\_(Same as entry in the register) Expected Date: 20 11/2021 Signature of Person Receiving: (To be given by person receiving HOD) (with Date and Time) Name of Institute/Department: Name of the Person: