



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

Srinivas University

SRINIVAS CAMPUS



SRINIVAS UNIVERSITY

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

GRIEVANCE REDRESSAL FORM

Sl.No. 21/04/CMC
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Chrogy .l.c .p

USN/Employee No. 25021HN015

Institute CMC Program BBN Semester 1

Section —

Query/Grievance/Problem TC. given & V submitted

9/15 missing

Signature [Signature]

For Office Use Only

Date and Time

21/04/2022

Action Taken by the Department

Problem resolved

Problem Category:

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

Expected Date of Redressal:

21/04/2022

Signature of Dealing Staff

Name of Institute/Department:

ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

Sl. No. 21/04/CMC
(Same as entry in the register)

Expected Date: 1/05/2022
(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

[Signature]
21/04/22
SRINIVAS UNIVERSITY
MANGALORE



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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 Harshitha USN/Employee No. 3SU20A1008

Institute ICIS Section BCA Program/Semester AI

Query/Grievance/Problem Anacanda not properly installed

Harsh
Signature

4/04/22
Date and Time



Problem Category: Technical

Action Taken by the Department

Lab instructor are instruct to deinstall Anacanda and All the machine with windows are installed with Anacanda

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

Expected Date of Redressal: 20/04/2022

[Signature]
Signature of Dealing Staff Name of Institute/Department:

ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 20/04/2022
(To be given by person receiving HOD)
Name of Institute/Department:

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

[Signature]
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Institute of Computer Science and Information Science

GRIEVANCE REDRESSAL FORM

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

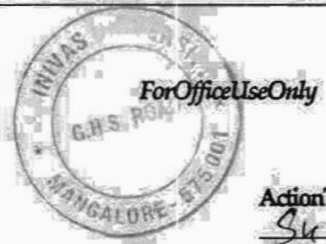
Please fill the form carefully and retain the acknowledgment

Name Saptharu DM USN/Employee No. 35020DS830
Institute ICIS Section MCA Program/Semester II Semester

Query/Grievance/Problem Medical Restroom not available

[Signature]
Signature

03/01/2022
Date and Time



Problem Category: Such cases are instructed to go to Physiotherapy class for the treatment.

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

Expected Date of Redressal: 25/01/2022
[Signature]
Signature of Dealing Staff Name of Institute/Department:

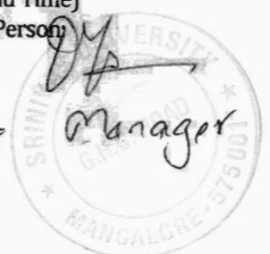
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 25/01/2022
(To be given by person receiving HOD)
Name of Institute/Department:

Signature of Person Receiving: *[Signature]*
(with Date and Time)
Name of the Person: Manager

[Signature]
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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 Raja Rahul Raju

USN/Employee No. _____

Institute SUHM 7 Program Hotel management Semester V
Section _____

Query/Grievance/Problem Flush is not working properly in the wash room. Sometimes, there won't be water also.

Signature Rahul

For Office Use Only

22/09/21
Date and Time

Problem Category: Maintenance issue

Action Taken by the Department
Informed to respective section
Action taken & repair has done.

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

Expected Date of Redressal:

Signature of Dealing Staff
Name of Institute/Department:

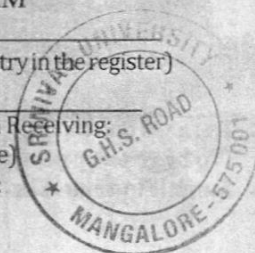
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

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

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





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Institute of Computer Science and Information Science

GRIEVANCE REDRESSAL FORM

Sl.No. 3
(Same as entry in the register)

Please fill the form carefully and retain the acknowledgment

Name Sumalatha USN/Employee No. 350205A075

Institute ICIS Section BCA Program/Semester 50

Query/Grievance/Problem Medical Treatment - During Casualty

Sumalatha
Signature

12-11-2021
Date and Time



Problem Category: Medical

Action Taken by the Department
Students are instructed to go to OPD facility at free of cost. The class co-ordinators are instructed to give awareness.

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]
Signature of Dealing Staff Name of Institute/Department:

ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 20/11/2021
(To be given by person receiving HOD)
Name of Institute/Department:

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

[Signature]
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