



--Karnataka State--

# **CREATING INNOVATORS**

5.1.4 Annual report of the committee monitoring the activities and number of grievances (2018-19)

# **Srinivas University**

**SRINIVAS CAMPUS** 

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	Annexui
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Sei	Srinivas Nagar, Mukka- 574 146, Surathkal, Mangaluru, Phone :0824-247456
	Institute of Computer Science and Information Science
	GRIEVANCE REDRESSAL FORM
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	SI.No) (Sameasentryintheregister)
Please fill	l the form carefully and retain the acknowledgment
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Institute_	CO.
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	Manifer Ithe same
	the student here may please report to UGRC
	the redressal does not take place as expected, the student/user may please report to UGRC
Expected	Date of Redressal: 25/06/2019
	e of Dealing Staff Name of /Department:
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Expected	iven by person receiving HOD) (with Date and Time)
Name of	Institute/Department: Name of the Person:
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	MANGALORE

### SRINIVAS UNIVERSITY

City Campus Pandeshwar Mangalore-575001 COLLEGE OF PHYSIOTHERAPY

Date: 12.06.2019

#### Students' Grievance Redressal Cell Notice

Date: 12/06/2019

Time: 11.30 am

Venue: Pandeshwar campus

#### Members present:

- 1. Dr S Rajasekar, Dean, chairperson
- 2. Dr Ajay Kumar, member AS
- 3. Dr Thrishala Noronha, member
- 4. Ms Riya Nainwani . Bit and

#### Agenda of Meeting:

Address grievances about inadequate availability of whiteboard pens and projector in 2<sup>nd</sup> year classroom

#### Action plan:

Committee ensures that grievance will be sorted out within 2 days

HEGISTRAH SRINIVAS UNIVERSITY MANGALORE

Chairperson

ANGALO

Grievance Redressal Committee,



# SRINIVAS UNIVERSITY

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

#### GRIEVANCE REDRESSAL FORM

(MC 02 21 Sl.No. (Same as entry in the register)

Annexure-1

Please fill the form carefully and retain the acknowledgment

Name Amilk	Atter	4		
USN/Employee No. 250	18 MB80	6		
Institute (MC	1		Semester	THE
Query/Grievance/Problem	discon	Sigina	1 marty	I cand 10
	0	0		Signature

For Office Use Only

Date and Time 21/03/2018 Action Taken 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:

Signature of Dealing Staff Name of Institute/Department:

ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

SI. No 21 01 (me (Same as entry in the register)

Expected Date: 21 218 (To be given by person receiving HOD) Name of Institute/Department:

Signature of Person Receiving: (with Date and Time) Name of the Person: Annexure – 3 University Level (UGRC)

Year : Zot8

Date of Expected Actual Date of Signature of Usion   Receipt of Date of Redressal* Notes of   Grievance Redressal (at dept level) Notes	2012 2012 2102/20/22 20/22/20/12							
Section/ Department	MBA							
Name	Smilt Mone.							
Enrollment/ Employee No.	Sia 2 [ 50 ] 10			1				a Via

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## SRINIVAS UNIVERSITY

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

#### **GRIEVANCE REDRESSAL FORM**

SI.No. 18/2/CMC (Same as entry in the register)

Annexure-1

Please fill the form carefully and retain the acknowledgment

USN/Employee No. 046		
Institute T.MC	Program	Semester
Section Query/Grievance/Problem_	Projector in	classroom required
_ to conduct Hos	skitting class	

For Office Use Only

Date and Time 18 2 2018

ActionTaken by the Department

Befor Reduco

Problem Category: Technical Problem

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

MANGALORE

(Same as entry in the register)

Expected Date: 30 1 2018 (To be given by person receiving HOD) Name of Institute/Department:

WW REGISTRAR Name of the Person: Name of the Person: SRINIVAS UNIVERSITY Signature of Person Receiving: (with Date and Time) 18/02/2018 Annexure - 2

Department Level (DGRC)

Year : 2 0/8

	mployee No.		Section/ Department	Receipt of Grievance (at dept level)	Date of Redressal	Redressal*	4
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*if necessa	ry redressal do	if necessary redressal doouments to be attached herewith	-ti	8			

Annexure – 2

Department Level (DGRC)

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Year : 2 0/8

Expected Actual Date of Signature of GRO Date of Redressal* Redressal	30/4/2010 8	
Date of Eq Receipt of Da Grievance Re (at dept level)	1E SIG2 (20/51	
Programme / Semester / Section/ Department		
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	Institute of Computer Science and Information Science
	GRIEVANCE REDRESSAL FORM
	SI.No (Sameasentryintheregister)
Please fill	the form carefully and retain the acknowledgment
Name	MA Ashish Krishna PUSN/Employee No. 350185400:
Institute	CCLS Section BCA Program Semester SD
Query/Gri	ievance/Problem LCP Projector Nlot working
1	Signature
16 08 2 Date and Ti	
ProblemCate	spory: Technical Engineers or Lab Fechnical Engineers or Called IN The Repair Three why a problem 197 Connector and got Rep
NOTE: If th	he redressal does not take place as expected, the student/user may please report to UGRC
Expected D	ate of Redressal: 108/2018
Signature o Institute/De	of Dealing Staff Name of epartment:
	ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM
	Sl.No_(Same as entry in the register)
	ate: 17 06/2018 en by person receiving HOD) stitute/Department: Signature of Person Receiving: (with Date and Time) Name of the Person:
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SRINIVAS UNIVERSITY
Srinivas Nagar, Mukka– 574 146, Surathkal, Mangaluru, Phone :0824-247456 Institute of Computer Science and Information Science
GRIEVANCE REDRESSAL FORM
Sl.No2 (Sameasentryintheregister)
Please fill the form carefully and retain the acknowledgment
Name LARISA AWA USN/Employee No. 3501852011
Institute CCIS Section <u>BLA</u> ProgramSemester <u>SS</u>
Query/Grievance/ProblemTubolight Not functioning en ladies
12/06 2018 For Office Use Only
12/06 12018 Date and Time
Problem Category: Electrical. Problem Category: Electrical. Action Takenbythe Department Tube light & changed Hogengh the maintonance Department.
NOTE: If the redressal does not take place as expected, the student/user may please report to UGRC
Expected Date of Redressal: 20100 (2018) Signature of Dealing Staff Name of Institute/Department:
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM Sl.No_(Same as entry in the register)
Expected Date: 20 01 2018 (To be given by person receiving HOD) Name of Institute/Department:

	SRINIVAS UNIVERSITY Srinivas Nagar, Mukka- 574 146, Surathkal, Mangaluru, Phone :0824-247456 Institute of Computer Science and Information Science
	GRIEVANCE REDRESSAL FORM
	SI.No
Pl	ease fill the form carefully and retain the acknowledgment
	ame Khadeveshiq USN/Employee No. 350185A010
	stitute <u>CCIS</u> Section <u>BCA</u> Program Semester <u>SD</u>
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Ex	gnature of Dealing Staff Name of stitute/Department:
	ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM
	Sl.No_(Same as entry in the register)
(To	pected Date: 20/08/2018 o be given by person receiving HOD) ame of Institute/Department: Signature of Person Receiving: (with Date and Time) Name of the Person:
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	SRINIVAS UNIVERSION Monager