



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

Srinivas University

SRINIVAS CAMPUS



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



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 LARISA PHAWA USN/Employee No. BSURISA011
Institute CCS Section BIA Program Semester SD
Query/Grievance/Problem Ladies room is not clean.

[Signature]
Signature

For Office Use Only

19/06/2019
Date and Time

Problem Category: General Maintenance
Action Taken by the Department:
The sweepers are instructed to clean up the office every day. Manager is instructed to monitor the same.

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

Expected Date of Redressal: 25/06/2019

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

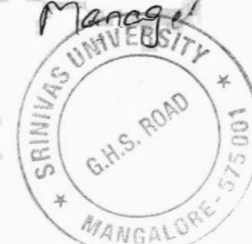
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 25/06/2019
(To be given by person receiving HOD)
Name of Institute/Department:

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

[Signature]
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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
3. Dr Thrishala Noronha, member
4. Ms Riya Nainwani

Agenda of Meeting:

Address grievances about inadequate availability of whiteboard pens and projector in 2nd year classroom

Action plan:

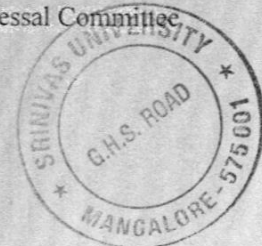
Committee ensures that grievance will be sorted out within 2 days



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Chairperson

Grievance Redressal Committee





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GRIEVANCE REDRESSAL FORM

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

Please fill the form carefully and retain the acknowledgment

Name Amilk Athem

USN/Employee No. 25018MB806

Institute CMC Program MBA Semester IV

Section -

Query/Grievance/Problem discontinue procedure & return of digital marky card

[Signature]
Signature

For Office Use Only

Date and Time 21/03/2018

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:

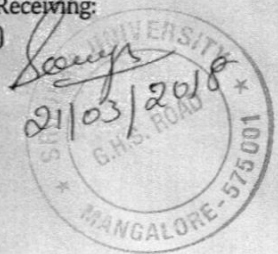
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 21/03/2018
(To be given by person receiving HOD)
Name of Institute/Department:


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

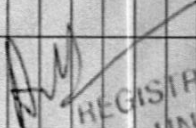
[Signature]
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University Level (UGRC)

Year : 2018

Sl. No.	Enrollment/ Employee No.	Name	Programme / Semester / Section/ Department	Date of Receipt of Grievance (at dept level)	Expected Date of Redressal	Actual Date of Redressal*	Signature of GRO
01	21/03/2018	Anu/E. M. M.	MBA	21/03/2018	21/07/2018	30/07/2018	


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*if necessary redressal documents to be attached herewith



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GRIEVANCE REDRESSAL FORM

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

Please fill the form carefully and retain the acknowledgment

Name Sagar Srinivasal

USN/Employee No. 066

Institute IMC Program _____ Semester _____

Section _____

Query/Grievance/Problem Projector in classroom required to conduct Horkelling class

Sagar
Signature

For Office Use Only

Date and Time 18/2/2018

Action Taken by the Department

Problem Category: Technical 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:

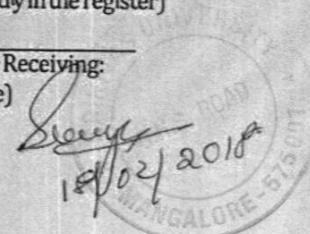
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 30/6/2018
(To be given by person receiving HOD)
Name of Institute/Department:

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

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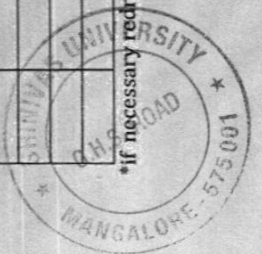


Annexure - 2
Department Level (DGRC)

Year: 2018

Sl. No.	Enrollment/E Employee No.	Name	Programme / Semester / Section / Department	Date of Receipt of Grievance (at dept level)	Expected Date of Redressal	Actual Date of Redressal*	Signature of GRO
01	086	Sagar Srinivas	---	18/02/2018	20/6/2018	30/4/2018	


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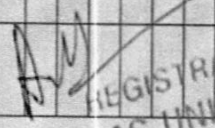
*if necessary redressal documents to be attached herewith

Annexure - 2
Department Level (DGRC)

Year: 2018

Sl. No.	Enrollment/E mployee No.	Name	Programme / Semester / Section/ Department	Date of Receipt of Grievance (at dept level)	Expected Date of Redressal	Actual Date of Redressal*	Signature of GRO
01	056	Sagar Srinivas	---	18/02/2018	20/6/2018	30/4/2018	

*If necessary redressal documents to be attached herewith


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Annexure - 2

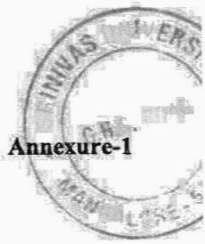
Department Level (DGRC)

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Year: 2018-19

Sl. No.	Enrollment/Employee No.	Name	Programme/Semester/Section/Department	Date of Receipt of Grievance (at dept level)	Expected Date of Redressal	Actual Date of Redressal*	Signature of GRO
1.	35U/BSA001	Ashish Krishna P	BCA/II/SEM/III	16/8/2018	17/8/2018	15/8/2018	<i>[Signature]</i>
2.	35U/BSA011	Laxya Pragna	B.A./I/SEM/III	12/06/2018	20/6/2018	19/8/2018	<i>[Signature]</i>
3.	35U/BSA010	Khandeshaing	B.A./I/SEM/III	6/8/2018	20/8/2018	18/8/2018	<i>[Signature]</i>

*if necessary redressal documents to be attached herewith



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GRIEVANCE REDRESSAL FORM

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

Please fill the form carefully and retain the acknowledgment

Name Mr. Ashish Krishna P USN/Employee No. 35018SA005
Institute CCIS Section BCA Program Semester SD

Query/Grievance/Problem LCD Projector Not working

[Signature]
Signature

16/08/2018
Date and Time

For Office Use Only

Problem Category: Technical

Action Taken by the Department
Lab Technical Engineers are called for the repair. There was a problem in the connector and got repaired.

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

Expected Date of Redressal: 17/08/2018

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

ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 17/08/2018
(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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GRIEVANCE REDRESSAL FORM

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

Please fill the form carefully and retain the acknowledgment

Name LARISA PAWA USN/Employee No. 35085A011

Institute CCIS Section BIA Program/Semester SS

Query/Grievance/Problem Tube light not functioning in Ladies Room.

Lb
Signature

For Office Use Only

12/06/2018
Date and Time

Problem Category: Electrical

Action Taken by the Department

Tube light is changed through the Maintenance Department.

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

Expected Date of Redressal: 20/06/2018

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

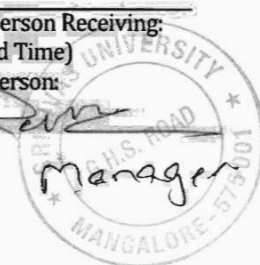
ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 20/06/2018
(To be given by person receiving HOD)
Name of Institute/Department:

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

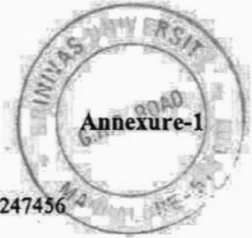
[Signature]
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GRIEVANCE REDRESSAL FORM

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

Please fill the form carefully and retain the acknowledgment

Name Khadevashig USN/Employee No. 3SU18SA010
Institute CCIS Section BCA Program/Semester SD

Query/Grievance/Problem Drinking water problem.

Khadev
Signature

For Office Use Only

Date and Time
6/08/2018.

Problem Category: Technical.

Action Taken by the Department
Water Purifier is repaired and the drinking water is made available.

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

Expected Date of Redressal: 20/08/2018

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

ACKNOWLEDGEMENT: GRIEVANCE REDRESSAL FORM

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

Expected Date: 20/08/2018
(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
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MANGALORE

[Signature]
Manager
SRINIVAS UNIVERSITY
G.H.S. ROAD
MANGALORE-575001