



Guru Gobind Singh Indraprastha University
Sec-16 C, Dwarka, New Delhi-110078
(General Administration Branch)


F:GGSIPU/JR(GA)2012/ 657

Dated: 12-07-2012

CIRCULAR

This is with reference to circular no. F:GGSIPU/JR(GA)/2010/3170 dt. 13-10-2010. The complaints regarding Air Conditioners, Refrigerators, Xerox machine, Fax machine, Furniture items may be filled in the complaint form (enclosed) by the complainant and submitted to General Administration Branch (Room No. 36, A wing, Admin. Block) for redressal of complaint.

The complaint form is also available in the University website.


(A.K. Verma)
Joint. Registrar (GA)

Copy to:-

1. Dean USBT
2. Dean USICT
3. Dean USLLS
4. Dean USMS
5. Dean USBAS
6. Dean USAP
7. Dean USEM
8. Dean USHSS
9. Dean USCT
10. Dean USE
11. Dean USM C
12. Director Research & Consultancy
13. Director Centre for Disaster Management Studies
14. Director Legal Aid Cell
15. Director Organisation & Development
16. Director Academic Affairs
17. Director Project Monitoring Cell
18. Director International Affairs
19. Director Students Welfare
20. Principal IGI T
21. Controller of Finance
22. Controller of Examination
23. Librarian
24. Chief Engineer
25. Chief Warden
26. JR (General Admin.)
27. JR (Academic)
28. JR (Co-ordination)
29. JR (Planning)
30. DR (Affiliation)
31. DR (SDC)
32. Incharge (Pers.)
33. A R (Store)
34. A R (Estate & Security)
35. Incharge (Purchase)
36. A R (GA-IGIT)
37. Chair man UCITIM (with request to upload the same on University website)
38. PRO
39. Warden Boys Hostel
40. Warden Girls Hostel
41. Dispensary
42. A R (Hon'ble VC Sectt.)
43. PS to Registrar
44. Office Copy
45. Guard file


(A. K. Verma)
Joint Registrar (GA)



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COMPLAINT FORM

1. Name of User : _____
2. Complete User Address : _____
3. Air Conditioner/Refrigerators/
Xerox/Fax/Furniture
(Model Sr. No. & Type/Make) : _____
4. Problem (Details of Complaint) : _____

Date: / /

(Signature of User)

JR(GA)

Sign. of Head of Deptt./ Incharge

Note: 1) Requirement of new items and peripherals may please be requested to Registrar.

For General Administration Office Only:-

CALL REPORT

Date of Call Closed: _____

| | | | |
|--|--|---|---------------|
| Problem Details | | Equipment Details (S. No./ Type) | |
| Date of Call Received | | Date of Call Attended | |
| Engg. Name & Company | | Engg. Sign. with date | |
| User Name & Deptt. | | User Satisfied (Yes/No) Please tick | Yes / No |
| It is certified that the Services/Repair work has done satisfactori the above said item is in working condition | | Call Status (Closed/Open) Please tick | Closed / Open |
| User Sign. & Date | | | |

Asst. Sign. _____

Incharge Sign. _____