



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

F. GGSIPU/JR(GA)/2012/ 1809

Dated: 08/03/2016

CIRCULAR

The complaint form for Air Conditioners, Refrigerators, Photocopier Machines and Furniture Items has been revised. Therefore, all departments/schools are hereby requested to provide their complaints, if any, on the revised complaint form from now onwards and submit the same to General Administration Branch (Room No. 36, Admin. Block) for redressal of complaints.

- * A copy of revised complaint form is enclosed herewith.


(Dr. Pankaj Agrawal)
Deputy Registrar (GA)

Copy forwarded to following for information & necessary action:

1. Dean USBT
2. Dean USICT
3. Dean, USET
4. Dean USLLS
5. Dean USMS
6. Dean USBAS
7. Dean USAP
8. Dean USEM
9. Dean USHSS
10. Dean USCT
11. Dean USE
12. Dean USMC
13. Dean, USMPHS
14. Director, Research & Consultancy
15. Director, Centre for Disaster Management Studies
16. Director, Legal Aid Cell
17. Director, Development
18. Director, Academic Affairs
19. Director, Project Monitoring Cell
20. Director, International Affairs
21. Director, Students Welfare
22. Director, CEPS
23. Controller of Finance
24. Controller of Examination
25. Librarian
26. Chief Warden
27. Chairperson (Staff Development Cell)
28. In-charge (Affiliation)
29. In-charge, UITS Cell (with a request to upload the same on University website)
30. JR (Personnel)
31. JR (Academic, Admission/Co-ordination)
32. JR (Co-ordination)
33. JR (Estate & Security)
34. JR (Planning)
35. DR (PR)
36. DR (Purchase)
37. DR(Store)
38. EE(UWD)
39. Warden Boys Hostel (Shivalik)
40. Warden Boys Hostel (Aravali)
41. Warden Girls Hostel (Satpura)
42. Warden Girls Hostel (Nilgiri)
43. Medical Officer, Health Centre
44. AR to VC (for information of Hon'ble VC)
45. SO to PVC (for information of PVC)
46. AR to Registrar (for information of the Registrar)
47. Office Copy
48. Guard file


(Devendra Singh)
Section Officer (GA)



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COMPLAINT FORM

1. Name of Complainant : _____
2. Mobile No. & Land Line No. : _____, 25302 _____
3. Room No. : _____
4. Department/School : _____
5. Complaint Type (Please Tick) : **Air Conditioner/Refrigerators/Photocopier/Furniture**
6. Detail of Complaint : _____

Note: If the item is under warranty/guarantee, please provide Purchase Order, Invoice, Installation Report alongwith warranty/guarantee detail.

➤ **Incomplete form will not be accepted.**

Date: / /

(Signature of User)

JR/DR/In-charge (GA)

Sign. of Head of Deptt./Incharge

CALL REPORT

Date of Call Closed: _____

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