



DEPARTMENT OF IT SUPPORT
Action Taken Report

ATR NO:.....

Date.....

TO,
THE IT INCHARGE
SRM IST, Delhi-NCR Campus,
Modinagar

Student Particulars	
Name of Student:	
Registration Number:	
Department:	
Hostel Block:	
Room Number:	
Grievance Resolution Details	
Grievance	
Date of Grievance Registration	
Date of Grievance Resolution	
Grievance Resolved by	
Feedback	
GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/>	

SIGNATURE OF STUDENT

SIGNATURE OF TECHNICAL ENGINEER