



## DEPARTMENT OF IT INFRASTRUCTURE

ATR NO:

Action Taken Report

Date

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

STUDENT PARTICULAR	
Name of Student :	
Registration Number :	
Department Name :	
Block / Floor / Room No:	
Official Email ID :	
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"/>	

STUDENT SIGNATURE

TECHNICAL ENGINEER SIGNATURE