Please type your responses in the boxes below and attach related documentation in your

| Grievant |
|--|
| (Student filing grievance) |
| 1. Name: (ab TII |
| 2. Roll No: |
| 3. Department/Semester: Birchemist Ly |
| 4. Phone number: |
| 5. Email address: |
| 6. Permanent address: Sayuthal Skinger |
| Grievance |
| 1. Describe the grievance (academic/evaluation you are grieving) |
| 1. Describe the grievance (academic/evaluation you are grieving) We are not able to perform any of our experiments that demands the use of cell culture. We have a spare culture lab in the department & we request to kindy allot the same to us so that we can perform our |
| That demands the use of cert contract to kindly |
| Culture 196 in the department & we request to know |
| allot the same to be so that we can perform dur |
| PhD work Smoothly. |
| 2. Whether the grievance was resolved or not? |
| Yes: |
| No: |
| Mile |
| Grievant's signature Date $8-2-22$ |
| Respondent |
| (person who made the decision being grieved) |
| 1. Name: La Shajin Dun |
| 2. Department/ Section: Proclaim |
| 3. Date received: |
| 4. Phone number: 5. Email address: Shayrulanin @ wok.ed. |
| |

| Response to the Grievance: | | |
|-------------------------------------|--------------------------------|---------------|
| Lesolved. | | |
| | | |
| | | |
| | Down don't 2 | Respondent 3: |
| Action taken: | Respondent 2: | Respondent 3. |
| OUNIO | Date: | Date: |
| Date: | Outcome: | Outcome: |
| | | |
| Adm | inistrative Officer's Decision | (HOD) |
| Name/Title of Administrative Office | er (or designee): | |
| Name/Title of Administra | | |
| Decision (and rationale): | | |
| | | |
| | | |
| 4. | | |
| M/ | | Date 11/2/22 |
| AO's signature | | |

Please type your responses in the boxes below and attach related documentation in your

| support | Grievant |
|---------|--|
| | (Student filing grievance) |
| 1. | Name: Lab II |
| 2. | Roll No: |
| 3. | Department/Semester: Biochemistry |
| 4. | Phone number: |
| 5. | Email address: |
| 6. | Permanent address: Hazratbal, Srinagar Grievance |
| | Grievance |
| 1. | Describe the grievance (academic/evaluation you are grieving) |
| | the electrically due to which many of our withments are non-functional. Additionally, due to work or plan experiments. Kindly look into the issue. |
| | Yes: |
| | No: |
| Grieya | nt's signature Date 9-5-22 |
| it | |
| / | Respondent |
| | (person who made the decision being grieved) |
| 1. | Name: Dr. Shejne Amin. |
| 2. | Department/ Section: |
| 3. | Date received: |
| 4. | Phone number: 5. Email address: Shay manin @ no ke edu. |
| | Sing Mania & With Comments |

| Response to the Grievance: | | |
|--------------------------------------|-----------------------------|-------------------|
| me grievanus | has been | resolved. |
| | | |
| Action taken: | Respondent 2: | Respondent 3: |
| Date: Outcome: | Date: Outcome: | Date: Outcome: |
| | nistrative Officer's Decisi | on (HOD) |
| Name/Title of Administrative Officer | (or designee): | |
| Decision (and rationale): | luc 177 | |
| | | |
| AO's signature | | Date 1115/2022 |

Please type your responses in the boxes below and attach related documentation in your support.

| Grievant |
|---|
| (Student filing grievance) |
| 1. Name: Sevat Rarhid |
| 2. Roll No: 22056119028 |
| 3. Department/Semester: Biochemistry |
| 4. Phone number: 9541007434 |
| 5. Email address: rathersecrar@gmail com |
| 6. Permanent address: Soura 90 feet road, Srinagar |
| Grievance |
| Describe the grievance (academic/evaluation you are grieving) |
| There is some issue in evaluation in |
| paper of Immunology. Dy One of my long |
| answer type question has not been |
| evaluated Kindly look vilo the matter |
| Whether the grievance was resolved or not? Yes: |
| |
| No: |
| Grievant's signature Date |
| 0.000 |
| Respondent |
| |
| (person who made the decision being grieved) |
| 1. Name: Ir, Shipi Amir. |
| 2. Department/ Section: |
| 3. Date received: |
| 4. Phone number: 5. Email address: Shapulamin @ wok-edu-in |
| |

| Response to the Grievance: | her ben | serobul. |
|----------------------------|--------------------------------|-------------------|
| | | |
| Action taken: | Respondent 2: | Respondent 3: |
| Date: 1577/2023 . Outcome: | Date: Outcome: | Date: Outcome: |
| Adm | inistrative Officer's Decision | a (HOD) |
| Decision (and rationale): | | |
| O's signature | | Date |

Please type your responses in the boxes below and attach related documentation in your support.

| Grievant |
|---|
| (Student filing grievance) |
| 1. Name: Hanan |
| 2. Roll No: 23056119004. |
| 3. Department/Semester: Ist |
| 4. Phone number: 7780860423. |
| 5. Email address: Hananblat 399@ gmail. Com. |
| 6. Permanent address: Zakwea |
| Grievance |
| Describe the grievance (academic/evaluation you are grieving) |
| There has been a persistent water supply problem in the department washrooms, causing ongoing inconvenience. Till now situation remains unresolved. |
| en the department washrooms causing ongoing |
| inconvenience. Till now situation remains unersolved. |
| Immediate action is needed to address this problem. |
| 2. Whether the grievance was resolved or not? |
| Yes |
| No: |
| |
| Grievant's signature Date 07-11-2023 |
| Respondent |
| (person who made the decision being grieved) |
| 1. Name: Org. Sharm Amim. |
| 2. Department/ Section: |
| 3. Date received: |
| 4. Phone number: 5. Email address: Shann' Cuvulean. |
| shappy and country |

| Response to the Grievance | | |
|--------------------------------|-----------------------------------|-----------------|
| 1 shul hess | lvez, | |
| | | |
| | | |
| | | |
| | | |
| Action taken: | Respondent 2: | Respondent 3: |
| D. Avi | Date: | Date: |
| Date: Outcome: | Outcome: | Outcome: |
| | | |
| | | |
| | Administrative Officer's Decision | (HOD) |
| | | |
| Name/Title of Administrative O | fficer (or designee): | |
| Decision (and rationale): | | <u> </u> |
| ne usnec o | ut Mohrel 9m | nehally. |
| | | |
| 1 | | Date 14/11/2023 |