



# SAGE UNIVERSITY, INDORE

KailodKartal, Indore-Dewas By-Pass, Road, Indore, Madhya Pradesh 452020

Ref. No. SUI/DSW/Letter/2024/.....

Date: / /2024

## STUDENTS WELFARE CELL REGISTRATION FORM

<b>Student Information</b>	<b>Ticket no:</b>
Institute Name:	Dept. Name:
Student Name:	Enrollment No.
Mobile No.	
Father's Name:	Address:
Mobile no.	
Email Id:	Current Student:    Yes        No
Semester/Year	

### Problem Details

<u>Type of problems</u>		
Academic Related <input type="checkbox"/>	Extension & Extra-curricular <input type="checkbox"/>	
Amenities & Maintenance <input type="checkbox"/>	Placements & Internships <input type="checkbox"/>	
General Administration <input type="checkbox"/>	Scholarship <input type="checkbox"/>	
Fee Related <input type="checkbox"/>	Examination Related <input type="checkbox"/>	
Other Related Issues <input type="checkbox"/>		
Date of Reporting .....	Have you discussed this this issue with your TG and/or HOD/HOI  <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) of discussion	Mentor's/HOD's/HOI's/Controlling officer's Name:  .....  Mob. No. ....

### Details of Problems

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## Issued Checked and Forwarded

## LEVEL -1

	Y	N	REMARK	DATE	SIGN
TG Name:					
HOD/HOI Name-					

## LEVEL -2

	Y	N	REMARK	DATE	SIGN
Registrar Office Concern Name-					
Other Office Concern Name-					

## LEVEL-3

	Y	N	REMARK	DATE	SIGN
Action taken Remarks of DSW office					
DSW Member-1 Name-					
DSW Member-1 Name-					
DSW Convener/ In charge					

**Refer To:**