

दक्षिण रेलवे/SOUTHERN RAILWAY

मंडल कार्यालय/Divisional Office
कार्मिक शाखा /Personnel Branch
पालक्काड/Palakkad - 678002
दि /Date: 02.06.2020

जे/पी/1/P.721/GA/Vol. II

Sr.DMO/MAQ

ADEN/MAQ, AO/MAQ, ADME/MAQ

SMR/SS: MAQ, MAJN, PADIL, Kulashekara, PNMB, JOKT, ULL, KQK, KZE, KMQ, MJS, KGQ &CIC/BFR

SSEs: PW/MAQ &KGQ, SSE/Works/MAQ, SSEs: C&W/MAQ &MAJN,

SSE/Ele/MAQ, SSE/OHE/ULL, SSE/PSI/UAA

SSE/Sig/MAQ, SSE/Tele/MAQ, CHI/MAQ & MAJN, CCRC/MAQ

Sub: "PARIHAR" - Online Grievance Adalat for PNMB/ PADIL/MAJN/ /MAQ- KZE
section on 23.06.2020 -reg.

Ref: This Office even letter dated 05.03.2020 & 18.03.2020.

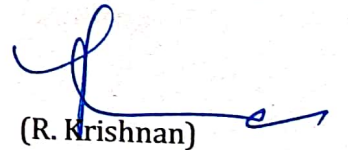
Grievance Adalat at MAQ which was postponed as a precautionary measure due to the prevalent situation of COVID-19 is now decided to conduct through **online on 23.06.2020 at 11.00 hrs.**

The following steps to be followed to attend the Grievance Adalat.

1. Grievances should submit in enclosed format through Whats App No. 9746763604 mentioning employee's **Mobile number.**
2. Last date to submit the grievances is 10.06.2020.
3. Grievances should be in brief with all details in nature. It should not related to policy, court and D&AR matters.
4. Employees those have to attend the Grievance Adalat may download the "webex meet" app and should be available on this at 10.45 hrs on 23.06.2020.
5. Meeting ID will be sent through SMS to the employee's concerned Mobile no. as shown in Sl.No.1 one day before i.e, previous day.
6. Meeting will be chaired by Sr.DPO, APO, Section Welfare Inspector and concerned dealer to whom the grievances belongs.

Wide publicity may be given.

Encl: as above



(R. Krishnan)

APO/E

For Sr.DPO/PGT

Copy to: All Branch Officers for kind information.

Ch.OS/Genl, Ch.S&WI, Ch.OS/Tfc, Ch.OS/Engg., Ch.OS/MES, Ch.OS/Bills-I, Ch.OS/Bills-II,
DS/SRMU, DS/AISCST REA, DS/AIOBC REA - for information please.

Grievance Adalat
(For PNMB/ PADIL/MAJN/MAQ- KZE section)

Ref: Sr. DPO/PGT Letter No. J/P.721/GA/Vol.II dated 02.06.2020

1	Name	
2	PF NO.	
3	Designation & Station	
4	Department	
5	Grievance	
6	Contact Mobile No.	

Signature of the employee
Name:
Date:

Signature of the concerned Supervisor