

# MONTHLY ACTION TAKEN REPORT (ATR)

Higher Education Department – Uttar Pradesh

## SECTION 1: BASIC DETAILS

Reporting Month: [Dropdown: Jan / Feb / Mar / ...]

Year: 2026

Name of Institution/Office: S.D. COLLEGE OF MANAGEMENT STUDIES, Muzaffarnagar

Category:  State University  Private University  Autonomous College  Affiliated  
College  Directorate  Regional Office

District: Muzaffarnagar

Total Students:

UG: 1402 PG: — PhD: — Distance/Online: —

Total Strength: 1402

Nodal Officer Name: MR. ROHAN TYAGI

Designation: Asst. Professor

Mobile: 8449972195

Email: ROHANTYAGI@CKTCG.MAIL.COM

## SECTION 2: STUDENT SUICIDE / UNNATURAL DEATH REPORTING

(Aggregate Only – No Names)

Particular	Number This Month
Incidents inside campus	<u>NIL</u>
Incidents outside campus (hostel/PG etc.)	<u>NIL</u>
Distance/Online learners	<u>NIL</u>

Mandatory Compliance (Tick Yes/No)

Compliance Item

Yes No

Compliance Item	Yes	No
Police/Authority informed immediately	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family informed respectfully	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Internal Institutional Review conducted	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Data categorized under Higher Education (not school)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## SECTION 3: DATA REPORTING (SRS / NCRB / UGC / MoE)

Item	Status (Yes/No)	Date Submitted
Monthly data compiled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—
Sent to University/Dept	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—
Sent to UGC/Regulator (if applicable)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—
Separate Higher Education categorization done	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—

## SECTION 4: 24x7 MEDICAL & MENTAL HEALTH SUPPORT

### 4.1 Medical Facility

- On-campus medical unit available
- Within 1 km empanelled hospital
- Name of hospital: S.D. Medical Institute

### 4.2 Mental Health Services

Particular	Number
Full-time MH Professional	<u>NIL</u>
Part-time Counsellor	<u>02</u>
Total counselling sessions this month	<u>NIL</u>
Unique students served	<u>NIL</u>
Referrals to hospital/DMHP	<u>NIL</u>

### 4.3 24x7 Helpline

Helpline Number: 9560222881  
 Total calls this month: NIL

Publicly displayed on website & campus

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## SECTION 5: VACANCY & RECRUITMENT STATUS

Category	Sanctioned	Filled	Vacant
Teaching Posts	<u>52</u>	<u>52</u>	<u>NIL</u>
Non-Teaching Posts	<u>04</u>	<u>04</u>	<u>NIL</u>

### Recruitment Progress

- Recruitment process initiated
- Advertisement issued
- Interview conducted
- Appointment issued

### Reservation Compliance

SC  ST  OBC  EWS  PwD roster followed

Registrar Post:  Filled  Vacant

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## SECTION 6: SCHOLARSHIP & FINANCIAL SUPPORT

Particular	Number
Scholarship cases pending	<u>NIL</u>
Amount pending (₹)	<u>NIL</u>
Cases resolved this month	___

No student barred from exam/class due to fee delay NIL

Awareness Activities Conducted:

Notice  Website Update  Orientation  Helpdesk

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# SECTION 7: MANDATORY COMMITTEES & REGULATIONS

Committee / Regulation	Functional (Yes/No)	Meeting Held This Month
Anti-Ragging Committee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	—
Anti-Ragging Squad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	—
Equal Opportunity Cell	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	—
Internal Complaints Committee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	—
Student Grievance Committee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	—
UGC Ragging Regulations 2009 compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	-
UGC Equity Regulations 2012 compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	-
UGC Grievance Regulations 2023 compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	-

# SECTION 8: CRITICAL INCIDENT RESPONSE SYSTEM

- Standard Operating Procedure available
- After-Action Review format used
- Confidential reporting system operational

# DECLARATION

I certify that the above information is true and updated for the reporting month.

Signature: 

Name: MR ROHAN TIAGI

Designation: Ass Professor

Seal: \_\_\_\_\_

Date: 08 / 06 / 2026