Form for Caste-based Discrimination Against SC/ST Students/Staff/Faculty

Date of Complaint (DD/MM/YYYY):

Name of the Complainant :

Course / Department Name :

Select Batch /Date of Joining :

Roll Number/ Employee Code :

Category (SC/ST/OBC) :

E-mail ID :

Mobile Number :

Details: (Against whom complaint is made)

Name :

Course / Department Name :

Address :

E-mail ID :

Contact Number :

Description of Complaint :