
FORMAT FOR LODGING COMPLAINT OF CASTE BASED DISCRIMINATION BY SC/ST/OBC/ STUDENTS / FACULTY / NON-TEACHING STAFF

Instructions:

Complainant must download this proforma, fill it up legibly, duly sign and send it to the Chairperson, SC, ST, OBC, Persons with Disabilities and Minorities Committee

Name of the Complainant (in Block Letters)		
For Students	Department / Course	
	Registration / Roll No	
For Faculty / Non-Teaching Staff	Designation & Official Employee ID	
Contact Details (Postal Address) with Mobile Number and Email ID		
Discrimination Pertains to (SC/ST/OBC)		
Nature of the Complaint (in brief) with Details of Accused:		
Date, Time and Place of the Incident		
Details of Witness of the Incident		
Number of Attachment of Evidences (if any)		
Signature and Date		