

SC/ST/OBC DISCRIMINATION COMPLAINT FORM

Name of the Complainant : _____

Age : _____

Male / Female. : _____

Course / Department : _____

Roll No./Employee No. : _____

Category (SC/ST/OBC) : _____

Complaint against (Name) : _____

Brief Description of Complaint:

[illegible]

Date: _____

Signature

(NOTE DOWNLOAD THIS FORM FROM THE WEBSITE AND SUBMIT THE HARD COPY TO THE CHAIRMAN OF SC/ST/OBC COMMITTEE OF RESPECTIVE COLLEGE.)