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:

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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.)