

EQUAL OPPORTUNITY CELL (EOC)

Application/Requirement/Grievance Form

I. Student Details:		
1. Name :	2. Roll No.:	3.Gender (Tick) :
		Male / Female
4.Department:	5. Course :	6.Year/Sem:
7. Date of Birth	8. Phone:	9.Email:
10. Religion:	11. Category(SC/ ST/ OBC/	12. Whether physically
	PwD/ General):	challenged :
H. Assile of Detailer		Yes / No.
II. Academic Details:		1 0 (CM 1 (CCDA)
a. If you are academically weak student (Yes / NO):		b. % of Marks/ CGPA:
III. Fathers/Guardian's Name:	Occupation:	Annual Income:
III. Fathers/Guardian S Ivanie.	Occupation.	Annual Income.
IV. Skill development Program	Select / Tick anyone at a time	
a. Computer Training	×	
b. Communicative English (Basic)		
c. Communicative English (Advance)		
d. Soft skill/Placement Training		
e. Career guidance program		
V. Whether you need to attend weekly session on psychologically counseling: Yes / No.		
VI. Whether you are interest in "Earn while you Learn scheme": Yes / No.		
VII. Specify any other requirement:		
VIII.Specify if you have any other issues/ grievances related to SC/ST/OBC/ Minority		
	grievances related to SC/ST/O	BC/ Minority
/Physically challenged based:	grievances related to SC/ST/O	BC/ Minority