

SC/ST/OBC Discrimination Complaint Form

Date of Complaint:

Student: ☐ **Staff:** ☐ **Teacher:** ☐

Full Name:

PRN(for Student)/ Employee No.:

Designation(for Employee):

Department:

Class(for Student):

Category you belong: SC/ST/OBC

Email ID:

Mobile No.:

Aadhaar No.:

Address(in detail):

Pin Code:

Description of Compliant:

Signature and Full Name