

DISCRIMINATION REMEDIAL CELL
SC/ST/OBC CELL
COMPLAINT REGISTRATION FORM

1. NAME :
2. DEPARTMENT :
3. STUDENT/SCHOLAR/FACULTY :
4. AGE :
5. DATE OF BIRTH :
6. SEX : MALE/FEMALE/TRANSGENDER
7. CANDIDATE BELONGS TO : SC / ST/ OBC / OTHERS
(Put a Tick ✓ Mark)
8. NATURE OF COMPLAINT
(Include Date and Time) :

9. CONTACT NO :
10. E-Mail – ID :
11. SIGNATURE OF COMPLAINTEE :

ACTION TAKEN
(For Office Use Only)

Cell Co-Ordinator