

***CASTE***

***DISCRIMINATION***

[Compliance](http://www.antiragging.in/Site/Authenticationcollegecompliance.aspx)

**Complaint Form for students against Caste based Discrimination**

*\* Mandatory field*

|  |
| --- |
|  |

**Name of Complainant \* Name of Accused\***

|  |
| --- |
|  |

**Mobile No.\*(OTP will be generated on** **this number to fill the further details**

|  |  |
| --- | --- |
| +91 |  |

**DETAILS OF VICTIM**

**Name of Victim \***

|  |
| --- |
|  |

**Program\* Branch \***

|  |
| --- |
| B.Tech  B.Tech-M.Tech Duel-Degree  M.Tech  M.Sc.  Ph.D |

|  |
| --- |
| CSE  ECE  CCE  ME  Physics  Mathematics  HSS |

|  |
| --- |
|  |

**Semester Roll Number\***

|  |
| --- |
| **I**  **II**  **III**  **IV**  **V**  **VI**  **VII**  **VIII**  **IX**  **X**  **XI**  **XIII** |

|  |
| --- |
|  |

**Email\***

|  |
| --- |
|  |

**Permanent Address**

**Date of Incident Date of filing the complaint**

|  |
| --- |
|  |

|  |
| --- |
|  |

**Details of complaint lodged by SC/ST students on Cast Discrimination.**

(In order to lodge your complaint, enter complete details including your name, the place\*\*, time and the people involved in the incident. Give as much details as possible.)\*

\*\*Specify location in the campus.

|  |
| --- |
| Attachment 1 if any,  No File Chosen  Choose File |
|  |
| Attachment 2 if any,  Choose File  No File Chosen |
|  |

Submit

Reset